Clinical Lecture

ON

SOME POINTS RELATING TO THE MANAGEMENT OF DAMAGED BOWEL IN STRANGULATED HERNIA.

Delivered in St. George's Hospital Medical School,

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GENTLEMEN,—It is, I trust, hardly necessary to remind you that the prospect of the recovery of patients after herniotomy for strangulation of the gut depends, to a large extent, upon the condition of the contents of the sac, especially of course the implicated bowel, at the time of operation. Amongst the cases upon which I have operated in the hospital during the last year there are three which have such an important bearing upon this point that they merit careful consideration, inasmuch as they afford excellent illustrations of some of the complications which you may at any time be called upon to treat. Each of these cases possesses some special point of individual interest, and the last two are more particularly worthy of note in connexion with the present tendency to adopt severe surgical measures, such as resection of portions of gut, in cases in which the bowel appears to have been damaged by violence, ulceration, or gangrene, beyond the possibility of repair by natural means.

CASE 1. *Strangulated inguinal hernia; herniotomy; laceration in bowel; reduction after suture; rapid recovery.*—Jas. T——, aged fifty, admitted under my care on Feb. 19th, 1889, had been operated upon for strangulated hernia in the right groin by Mr. Henry Lee in 1864, when he recovered quickly, and left the hospital provided with a truss, which, however, he only occasionally used. Since that time the rupture had usually been down, but always easily reducible, till the morning of his coming under my care, when suddenly, during an attack of coughing, the hernia became much larger and very painful. Vomiting followed almost immediately. On admission the man was pale and anxious-looking. There was a large irreducible right scrotal hernia, very tense and tender. Slight impulse was felt in the tumour when the patient coughed; there was occasional vomiting, but flatus was passed per anum. Under treatment the vomiting ceased. In twenty-four hours all impulse had disappeared and no flatus was passing. Herniotomy was therefore performed on Feb. 20th through the cicatrix of the former operation, which was evident on the front of the tumour. The sac contained a large quantity of ill-smelling bloody fluid and a knuckle of small intestine. Upon dividing the stricture, which was very tight, and raising the gut, a quantity of fæcal matter was found at the back of the sac. On the posterior aspect of the bowel was a slightly lacerated wound about an inch and a half long, involving all the intestinal coats, the opening in the mucous membrane being about half the length of that in the peritoneum. The parts having been thoroughly cleansed with corrosive sublimate solution (1 in 1000), the wound in the mucous membrane was brought together by means of four silk stitches, and the peritoneum closed over it with seven Lembert sutures (silk). After free irrigation the sutured knuckle of gut was returned into the abdomen and the ring closed. No drainage was used. The herniotomy wound healed in four days. The bowels acted spontaneously within thirty-six hours of the operation, and continued to do so with daily regularity. The patient was detained in the hospital till March 27th by an attack of bronchitis, which, he stated, had commenced before his admission.

CASE 2. *Strangulated femoral hernia: herniotomy; gut reduced, although too much damaged for suture; rapid closure of resulting fæcal fistula.*—Sarah P——, aged sixty-two, was admitted under my care on July 6th, 1889. She had been ruptured for ten years on the right side, but had only occasionally worn a truss, as it did not keep the rupture up. Three days before admission the hernia suddenly became painful, and greatly increased in size during an attack of coughing. Frequent vomiting followed, and all attempts at reduction having failed, she was sent to the hospital. On admission there was extreme collapse; the expression was "abdominal" and the pulse feeble; the vomiting was continual, but not stercoraceous. In the right groin, extending upwards over Poupart's ligament, was a large, tender, irreducible tumour, without impulse. Herniotomy was performed at once. The sac contained some very dark fluid, a considerable mass of omentum, and a deeply congested knuckle of small intestine. On the front of the gut was a breach of surface involving the peritoneal and muscular coats only, over an area of about half an inch in diameter. The stricture was freely divided, the omentum ligatured and removed. It was then found that the slight pressure exerted upon the bowel in these proceedings had caused a considerable extension of the lesion in the peritoneal coat, which the slightest manipulation still further increased. On attempting to bring this wound together by means of Lembert's suture, it was found that the stitches immediately tore through the softened tissues unless they were placed at such a distance from the edges of the lesion that a dangerous kink in the bowel would result. After careful antiseptic cleansing the gut was returned just inside the ring (although it was perfectly plain to my mind that it must give way), and a large drainage-tube placed, in contact with it, through the ring. The herniotomy wound was then closed with horsehair sutures, and dressed with the double cyanide gauze as usual. The wound healed by first intention, excepting of course around the tube. The bowels acted spontaneously on the seventh day after the operation. Three days later healthy fæcal matter passed along the track of the tube, causing no irritation or rise of temperature. The bowels subsequently acted regularly every day; by August 18th the fæcal fistula, which was dressed antiseptically throughout the case, had completely closed, and the patient left the hospital wearing a truss. She has since been seen (six months after the operation), perfectly well in all respects, and without any apparent tendency to a descent of the rupture.

CASE 3. *Strangulated femoral hernia; herniotomy; reduction of obviously gangrenous gut; recovery without fæcal fistula.*—Eliza J——, aged fifty-five, was admitted under my care on Dec. 22nd, 1889. She had always been previously in good health, and was not aware that she had suffered from rupture. Four days before admission, whilst at her ordinary work, she felt great pain in the right groin, and noticed for the first time a hard tender swelling in that locality. The pain increased, being especially severe about the umbilicus. Vomiting soon came on. Free taxis having failed to reduce the tumour, she was sent to St. George's Hospital. On admission the patient was greatly collapsed. There was almost continual vomiting. The pulse was small and quick, the tongue dry, and the urine albuminous. In the right femoral region, passing on to Poupart's ligament, was a very tense, tender, and irreducible swelling, as large as a billiard ball, without impulse on coughing. Herniotomy was performed immediately. The whole of the front of the sac was stinking and gangrenous; it contained no fluid, being entirely occupied by a knuckle of small intestine, which over its central part was piebald in aspect, quite lustreless, and, so far as could be judged, obviously gangrenous. The sloughing sac was cut away, the stricture very freely divided, and the gut, although clearly damaged beyond chance of recovery, returned as gently as possible just inside the ring, after having been freely irrigated with corrosive sublimate solution (1 in 1000). A large drainage-tube was passed through the ring and left as near the returned bowel as possible. The herniotomy wound having been closed with horsehair sutures, a "double cyanide" dressing was, as usual, carefully applied. When removed from the operating table the patient seemed nearly moribund, and I had little hope of her recovery. Contrary, however, to our expectations, she rapidly rallied. The wound healed by first intention excepting around the tube, through which for a week ill-smelling discharge of grumous appearance came in small quantities. No fæcal material was at any time detected. The bowels acted spontaneously on the fifth day after the operation, the motion being almost black in colour, but not unhealthy in odour. The tube and stitches were removed on the eighth day, the discharge by that time having become serous in character and quite inodorous. Some bronchitis from which she had long suffered kept the patient in bed for a fortnight longer, but by Jan. 16th, 1890, the parts were perfectly sound, and a truss was fitted. She was seen again two months later in

perfect health, no complication of any kind having arisen. In this case, and also in the previous one, the question of resection of the damaged portion of the bowel was naturally considered. It was, however, evident that neither of the patients was in a condition to stand the shock of a prolonged operation, even if it had been considered that the state of the parts locally rendered any such proceeding justifiable.

Taking the three cases which I have described in the order in which they came under treatment, the main points of interest presented by them are the following:—Case 1 is an excellent and simple instance of the good result obtainable by the accurate suturing of an extensive wound in healthy bowel and subsequently returning it into the abdomen, after careful cleansing from the fæcal material extravasated about it. As will have been seen, the rapidity with which union occurred in this case, although not exceptional, is remarkable, for the bowels acted spontaneously about thirty hours from the time of the operation without any harmful result. The rapidity of repair in all such cases depends, for the most part, upon three conditions: (1) a healthy state of the injured intestinal coats, (2) accuracy of suture, and (3) careful antiseptic cleansing from all contaminating material. The first of these appears to be essential for rapid and sound healing. As to the form of suture, in my experience the Czerny-Lembert is the best. The actual form of suture, however, so long as an accurate apposition of parts is obtained, is probably of less importance than the careful cleansing of the gut before it is returned, and nothing seems better for this latter purpose than a solution of corrosive sublimate (1 in 1000). At the same time it is not amiss to remark that repair equally rapid is quite possible, although of course less probable, without any peculiar kind of suture or special method of cleansing. Many years ago Mr. Holmes,[1] in a case similar to the one I am now discussing, brought the edges of the wound together with sutures passed through and through the whole thickness of the bowel walls, and returned the gut after merely wiping it with a wet sponge; recovery followed almost as quickly as in this case of mine. The instance quoted is worthy of more than a passing notice, not only because it shows how strong is the tendency to safe repair in some of these cases, when the gut is healthy, but also because it appears to confirm, to some extent, the impression that it is possible that the contents of the bowel are not in themselves necessarily septic, at all events when coming from the small intestine.

Cases 2 and 3 are extremely interesting from another point of view. Case 2 is an excellent example of the formation of a fæcal fistula by the giving way of the injured bowel, and its subsequent spontaneous closure; a very ordinary occurrence in neglected strangulated herniæ in the groin, but one which does not always receive the attention it merits, in relation to the treatment of damaged gut in such cases. Case 3 is a remarkable example of the occurrence of the unexpected in surgery. I can state with absolute confidence that no surgeon would have had the least hesitation in condemning the implicated gut as gangrenous beyond hope, for, in addition to the other symptoms, there were present over the central part, in the words of Sir James Paget,[2] "colours about which there can be as little doubt for signs of gangrene—white, grey, and green,—all dull and lustreless." "Intestine with these marks," continues the same authority a little later, "even though they be small, must not be returned." Admirable in all respects as this dictum may have been in pre-antiseptic times, when it was so graphically laid down, it seems to me that it may now be somewhat modified. Certainly in this case nothing could have been more perfect than the recovery of the patient, in spite of the reduction of the manifestly gangrenous gut. In another instance in which a knuckle of bowel having a small area of undoubted gangrene in its walls was returned, after careful antiseptic washing, recovery followed upon the formation of a fæcal fistula, which discharged fæces for forty-eight hours only, and was soundly healed in nine days. The recovery of Eliza J—— without a fæcal fistula can only be explained in one of two ways—(1) that the symptoms of gangrene, perfect as they seemed to be, were deceptive, which is most improbable, or (2) that by reason of the thorough antiseptic cleansing of the affected bowel the gangrenous portion was enabled to gradually disintegrate and come away through the large tube used, without the formation of any gross interruption of continuity in the intestinal wall. The treatment adopted in Cases 2 and 3 is worthy of attention, as it differs in some respects from that which is commonly recommended under the circumstances met with.[3] As already mentioned, I regarded the bowel in both instances as damaged beyond the possibility of recovery. Setting aside any attempt at resection of the injured parts, which was altogether out of the question, two courses in each case were obviously open, one of these being the formation of an artificial anus after free division of the stricture, the gut of course being unreduced; the other being the return of the gut into the abdomen, with a view to the immediate production of a fæcal fistula. In deciding as to the better of these courses to adopt, in any given case, it is especially important to bear in mind that an artificial anus shows, as a rule, little tendency to spontaneous closure in consequence of the obstacle afforded by the projecting spur, produced by the abrupt bend in the bowel, which is unavoidable when the gut is left engaged in the neck of the sac. The cure, therefore, of an artificial anus can, as a rule, only be effected by surgical measures, which may be severe and are notoriously uncertain. On the other hand, if the intestine be returned into the abdomen, not only is the chance afforded of its complete recovery, if such is possible, as in the case of Eliza J——, but, upon its walls giving way, a fæcal fistula follows which will almost certainly close of its own accord if means be provided for the immediate and free escape of the extravasated fæces from the abdominal cavity. This object is easily obtainable by the adjustment of a drainage-tube of large calibre (not less than half an inch in diameter), so that its inner end may lie just inside the abdomen—i.e., almost in contact with the returned knuckle of bowel, which remains after reduction close to the deep orifice of the canal through which it has passed, and very soon becomes adherent to the surrounding parts. Any further evidence is needless in order to show that the result following the deliberate production of a fæcal fistula, if it can be with safety brought about, is far superior to that which ensues upon the formation of an artificial anus, provided of course that the cases selected are suitable ones. It is obvious that, should gangrene involve a considerable length of the gut, or if separation has actually commenced, the bowel having given way in consequence, the formation of an artificial anus is the only safe treatment, as cases of this kind are almost always eminently unsuited for resection. At the same time, if the gangrenous area happened to be small, I should not hesitate to return the bowel in the way I have described, even if a small perforation existed, so long as the opening could by any means be kept closed for a time judged to be sufficient (probably three or four hours) to allow the damaged gut to contract adhesion to the parts around.

The main points, then, of the plan which I commend to you for the treatment of damaged bowel of the kind now under discussion, two examples of which are afforded by Cases 2 and 3, are the following: (1) Free division of the stricture in order that (2) the intestine may be returned just inside the abdomen, with as little pressure as possible, after thorough antiseptic cleansing; (3) the careful adjustment of a drainage-tube, having a diameter of not less than half an inch, in such a way that its inner extremity may lie almost in contact with the reduced bowel. This is a detail of much importance, since free and immediate escape of fæces from the abdomen, if the bowel gives way, is not only conducive to the rapid healing of the fistula, but is necessary at first for the avoidance of risk of general peritonitis from the passage of retained fæces into the peritoneal cavity, and later for the prevention of fæcal abscess, with its possible complications of peritonitis, cellulitis, or intractable sinuses. The tube should remain undisturbed certainly until the bowels have acted for the first time after the operation, and it is safer that it should not be removed before the second motion has passed, for in the less serious cases of damage to the gut followed by fæcal fistula no escape of fæces as a rule takes place until the bowels have acted freely. If, however, a second action occurs without a fæcal discharge from the wound, it is fair to infer that the intestine has

[1] St. George's Hospital Reports, vol. ii., p. 325.
[2] Clinical Lectures and Essays, second edition, p. 144.
[3] See, for example, John Wood in Ashhurst's Encyclopædia of Surgery, vol. v., p. 1135.

recovered itself, and the tube may be safely dispensed with. The continual use of carefully applied antiseptic dressings throughout the case from the time of operation until the final closure of the fistula, if such has formed, is essential. This is especially important during the escape of fæces, in order that these, if not septic, when leaving the gut may be prevented from becoming so whilst lying in the wound.

One word in conclusion with reference to the resection of damaged bowel in strangulated hernia. Personally I have never met with a case in which the operation was worthy of serious thought, and I fancy the experience of most other operators must be similar. The fact of the matter being that in almost every instance where the damage, whether it be from injury or disease, is too extensive for treatment upon some such lines as I have explained in this lecture, the patient is in too critical a state constitutionally to bear the necessary prolongation of the operation entailed by the excision of the affected parts, even though the unavoidable extension of time be reduced to a minimum by the use of contrivances like Senn's decalcified bone plates. I do not, of course, mean to say that the coexistence of local and constitutional conditions rendering the operation justifiable is impossible, although I believe it must be singularly rare. Should such a case fall into my hands, the operation would receive the consideration it justly deserves, as the result which follows directly upon the successful resection of the affected part of the gut is as brilliant as anything in surgery can well be. In attempting to arrive at a sound decision upon a treatment which, when successful, gives such a tempting result, it must never for a moment be forgotten that the duty of the practitioner is to weigh well the question whether it is not possible to obtain by less heroic means, and therefore with less risk to life, results which, although not so striking at first, may in the end, for all practical purposes, be equally good.

NOTES ON A CASE OF HYDATID DISEASE OF THE LUNG.

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PRIVATE WALTER B——, Rifle Brigade, was admitted to the Station Hospital, Winchester, on June 17th, 1889, complaining of cough and some bloody expectoration. He was a recruit of some three months' service, had never been abroad, but had lived continuously in and about Birmingham, where he followed the occupation of a brass finisher. He had never had any previous illness, excepting some of the ordinary diseases of childhood, but had enjoyed very fair health until about a fortnight before his admission to hospital. He was a rather delicate-looking lad of some eighteen years of age, and presented many of the characteristics of the so-called strumous type. About fourteen days previously to admission he was stated to have "caught cold," and then had a cough, expectorating a small quantity of mucous phlegm, sometimes blood-stained and sometimes not so, and this culminated later in the coughing-up of "about a tablespoonful" of bright blood and caused him to come to hospital; he suffered occasionally from a "cutting" pain in the left clavicular region and admitted that he sometimes sweated at night time. There was no evidence of wasting, and there was no "clubbing" of the fingers. Physical examination revealed comparative dulness over the upper part of the left chest in front reaching downwards as far as the second intercostal space, increased vocal resonance, rough bronchial breathing, and a few coarse crepitations existed over the same area. The expectoration was scanty, mucous rather than muco-purulent and not blood-stained at this time. Temperature 99·2° F.; pulse 104, soft and rather small; respiration 20. He had no diarrhœa or abdominal tenderness, and examination revealed no signs of disease or abnormality in other organs. The case seemed clearly one of incipient phthisis, and this appeared the more probable on taking into consideration his former occupation; the disease was therefore diagnosed "tubercle of lung," and the treatment adopted was of a general character, comprising rest, tonics, and an expectorant linctus, with a light nourishing diet and cod-liver oil. The further progress of the case was as follows: On June 21st (four days after admission) hæmoptysis came on, about two ounces of bright blood being brought up. This was checked at the time by a subcutaneous injection of ergotine and the sucking of ice. The bleeding recurred, however, on the following three evenings, the patient meanwhile having been ordered a mixture containing turpentine in place of the iron tonic which he had been taking previously. A few days later he had another attack of hæmoptysis, rather more profuse. It occurred during my absence, and the following morning the orderly in charge informed me that the patient had "spat up what looked like a bit of his lung," and though he had put this on one side for my observation it somehow was mislaid, and was not forthcoming when wanted. A mixture containing gallic acid and opium was now substituted for that of turpentine. The bleeding gradually stopped, and was absent for more than a week, so that on July 10th I was able to thoroughly examine the patient's chest, a thing that had been impossible for the previous fortnight in consequence of his condition. There were now present what appeared to be the signs of a small cavity, the size of a florin, beneath the second rib and in the intercostal space below, and apparently quite near the surface of the lung. On July 11th there was another attack of hæmoptysis, the patient losing this time nearly half a pint of blood; amongst the clot were a few small pieces of membrane of some kind, but being mere fragmentary torn shreds there was great difficulty in coming to a conclusion as to what they were; it was suggested that they resembled hydatid membrane, and the patient was further examined very carefully, and especially with regard to the condition of the liver and the spleen. The latter seemed entirely natural, as also did the former, the limits of dulness being normal, and, as far as could be made out, there was no enlargement, and certainly no tenderness of either organ. It is very much to be regretted that these shreds of membrane were not subjected to microscopical examination, as probably this course would have set at rest all doubt concerning the case; as it was, they appeared to me to resemble portions of a cast from the bronchial tubes which had previously come under my observation, and I only too readily fell into error in consequence. There had been no discharge of watery fluid, neither was there throughout the course of the case. Questioned closely, the patient gave no history of any circumstance which would point to present or previous existence of hydatid disease in any form; he had never before been out of Birmingham and the neighbourhood, and stated that in the winter time he had suffered from a cough for the last two or three years. Under the circumstances the original diagnosis was adhered to, and a view of the case was only too readily adopted that, on general grounds, seemed most probable. That this view proved to be wrong shows the necessity of not allowing the general features of a case too readily to outweigh a single sign or symptom that may give a definite and final interpretation to what has gone before; and, above all, the absolute importance of employing every possible means to identify matters voided by a patient and trace their bearing on the case. In this present instance microscopical examination of the voided membrane and blood would probably have furnished conclusive evidence of the nature of the disease; looking back on the case now I cannot recall from start to finish any other symptom or circumstance that could have decided the question. No further membrane was seen, though it may be possible there may have been some which escaped observation. With regard to the further history of the case there is little to add; the symptoms continued with little variation, and the hæmoptysis recurred at intervals until July 24th, when the patient had a most profuse attack; in seven minutes he brought up more than a pint of blood, and died, apparently asphyxiated by choking of the air tubes with the blood. In the intervals between the attacks of hæmoptysis the patient expectorated but very little mucus or muco-purulent matter; sometimes for a day or two he would be almost free from cough. He had occasional night sweats, but these were at no time profuse, and recurred irregularly. He lost about 5 lb. in weight from the time of his admission until eight days before death; his temperature was irregular—in the morning sometimes normal, sometimes slightly raised; while in the evening it was usually between 99·6° and 100·4°, sometimes rising to 101°, and on two occasions to 102°. It was noticeable that there

exacerbations corresponded to a period immediately subsequently to the worst attacks of hæmoptysis, and are to be explained, I believe, by the decomposition of the blood in the air passages. The pulse varied much, as might be expected, from 96 to 100 in the intervals of bleeding to 120 to 130 afterwards. Respiration was only slightly more rapid than normal, 19 to 20 being the more usual rate.

Post-mortem examination, twenty hours after death, revealed a hydatid cyst about the size of a large pigeon's egg (containing several daughter cysts), situated near the apex of the left lung in front, and embedded loosely in it immediately beneath the pleura. It was without any adventitious covering, so that on lifting up the lung the cyst rolled easily out of its bed. Its position corresponded with that of the supposed vomica, and it was evidently this cyst which gave rise to the signs so nearly resembling those of a cavity. The lung for some little distance round was consolidated, and in this zone, nearest to the cyst, were some semi-caseous nodules, about the size of a millet seed or a little larger, while scattered between these were a few ordinary grey tubercles. There was no suppuration and no sign of ulceration of the lung tissue. In the posterior wall of the cavity occupied by the cyst were a largish pulmonary vessel and air tube, both somewhat compressed and matted together. There was a small ragged hole of communication between them, which suggested by its appearance the idea that at this spot the walls of the vessel and air tube had become thinned by the pressure of the cyst and had finally given way so as to cause the hæmorrhage seen during life. It was noted that the upper part of the upper lobe of this lung was fixed to the chest wall by comparatively recent pleuritic adhesions, while the whole of the lower part of this lung and also its fellow were quite healthy. In the liver another hydatid was found (the whole organ and cyst together weighing 4 lb. 7 oz); this occupied the thick posterior part of the right lobe (and thus readily escaped observation during life), was oval in shape, about four inches by three, and had a thick, tough, adventitious capsule, which in parts was blended with the infiltrated surrounding tissue, the remains of old inflammation, which had further left its mark in a small depressed scar on the upper surface of the organ, and which extended downwards through about half an inch of tissue to the cyst wall. The hydatid contained innumerable daughter cysts of various generations, some bile-stained mucus, and some clear fluid; there was no sign of suppuration. There were peritonitic adhesions about the back aspect and lower border of the right hepatic lobe where the cyst abutted on the surface. An interesting feature noticeable in this liver was the relatively large size of the left lobe, which probably had its origin in a compensatory hypertrophy, as a consequence of the functional destruction of so great a part of the right lobe. The cyst appeared to be of considerable age, and was probably of not less than three years' standing. The spleen, intestines, and other organs were healthy, and there was no sign of hydatid disease elsewhere.

In the above case there are several points of interest, the first of which, perhaps, is the striking similarity of the symptoms to those of apical phthisis. Cases of hydatid disease of the lung have been reported by Sir Andrew Clark, Drs. Habershon, Robertson, Percy Kidd, Curnow, Wilson, W. J. Paget, Mons. Varnier (Paris), Mons. Husson (Havre), and Dr. J. A. Thompson (Adelaide), and in all these cases this similarity has been particularly noted. Further, cases of hydatid of the lung resolve themselves into two broad classes—(1) those in which, for some reason or another, the cyst does not suppurate, but gives rise to changes in the surrounding vessels, so that hæmoptysis occurs, and in these cases this is the prominent symptom; (2) those in which the cyst bursts and suppurates. In these cases profuse fetid purulent expectoration is the chief clinical feature, and is accompanied by hectic, high pyrexia, and finally fatal chronic septicæmia. It is noteworthy that these two classes correspond more or less closely in their clinical manifestations with two similar classes of phthisis, which are also distinguished by having hæmoptysis on the one hand and fetid suppuration on the other as the prominent symptoms.

Trousseau remarks that the two diseases—i.e., hydatid and tuberculosis—are often coexistent, and states that, especially where the region affected is the apex of the lung, tubercles are almost invariably found associated with the parasitic disease. This statement is borne out by the accounts of pathological examinations of several cases, the foregoing one being an instance; and Dr. Fagge noted a case where a deposit of tubercles took place in the consolidated lung surrounding a hydatid cyst; he thought the condition of the parts showed the sequence of events to have been as follows: The hydatid had given rise to localised pneumonia, impaired health followed, and then in its turn came a development of tubercle in the affected lung. From a consideration of a number of cases it would appear that the only reliable guide to diagnosis is the recognition of hydatid fluid, membrane, or hooklets amongst the expectoration of the patient, and until this has been done, the case has invariably been looked upon as one of phthisis. It is stated that in Australia, where hydatid disease of the lung is comparatively common, in a given case of hæmoptysis the parasitic disease is always discussed as a possible cause. Bristowe, following Trousseau, states that a "localised bulging" may guide the physician in his diagnosis, but it appears obvious that unless the cyst is on or very near the surface of the lung, and of large size, this sign can scarcely be sufficiently evident to determine the diagnosis. Another point of remark is the comparative rarity of this disease in England and Europe generally. In Australia, where hydatids of all organs are so common, it is a matter of interest that the proportion of pulmonary hydatids to those of other organs is considerably higher than elsewhere. Leuckhart[1] on somewhat imperfect statistics considers that hydatids occur some three times as often in the liver as in all other parts, though Fagge thinks this implied frequency of the parasite in organs other than the liver is too highly stated. Davaine collected some two hundred published cases of hydatids in all organs except the liver, and in forty of these the lungs were affected. Combining Davaine's estimate with Leuckhart's, we may take it that the statistics represent one case of hydatid of the lung to every sixteen or seventeen of the disease in other parts. This estimate, of course, applies to all cases of hydatid of the lungs, whether those arising by encroachment from other neighbouring organs (usually the liver) or those in which the parasite is primarily developed in the lung itself. Wilks and Moxon state: "In the majority of cases where they [hydatids] are expectorated, the seat of the parasite is the liver, it having made its way upwards through the diaphragm from the liver." The cases therefore in which the lung is primarily affected, the disease being independent of hepatic origin, must be exceedingly few in number, and this is borne out by the small number of cases recorded.

Again, the two cysts found in the lung and liver of this man being at such obviously different stages of development, the question may be raised as to whether they had any direct relation of origin, the one from the other, or whether they had a common origin in a single parasite antecedent to both, or whether they were the results of two separate infections of the patient. The latter explanation of their coexistence is not difficult to accept with the knowledge that the patient constantly lived under the same or similar conditions, and if he were at one time exposed to the infection, it is more than conceivable that this might take place again and at a later period. On the other hand, if it is to be supposed that both cysts were the result of a single infection, it must be a mere matter of conjecture as to whether one was conveyed at a late date in the blood stream as a secondary deposit to the lung, or whether as separate hooked embryos they made their way through the tissues to their final resting place, that in the lung apparently remaining latent for a long period of time.

Finally, there may be considered, as a point of interest, the question as to whether this patient might have been relieved by surgical means. If the case had been recognised, and that early enough, there is little doubt that with the indications afforded by the physical signs the question of an attempt at removal of the cyst by operation would have become imminent, and having regard to all the features of the case and the pressing danger to life from recurrent hæmoptysis, I think a decision in the affirmative would have been justified, and there would have been a good hope of success. That similar operations in selected cases are justified by their results is shown by reference to the practice of Dr. Thomas of Adelaide, who has most successfully operated upon a number of patients affected with hydatid disease of the lung, and it certainly appears to me that in this patient the cyst might have been safely removed through the second intercostal space. Bearing in

[1] Die Menschlichen Parasiten.

mind the existence of the second cyst in the liver, it is a matter of speculation as to what amount of life and health would have been secured to the patient by successful removal of the pulmonary hydatid; but this question could not have affected the decision whether to operate or not, for the hepatic cyst was not recognisable during life, and in any case there the cyst had remained apparently for years, giving rise to no symptoms and no inconvenience, and there did not appear any valid reason why that condition of things should not have continued for an indefinite period in the future, so long as the pulmonary cyst also remained quiescent or its effect was eliminated by successful removal.

Cairo.

A NEW MEANS TO ASSIST IN THE REMOVAL OF INTRA-VESICAL GROWTHS THROUGH A SUPRA-PUBIC CYSTOTOMY.[1]

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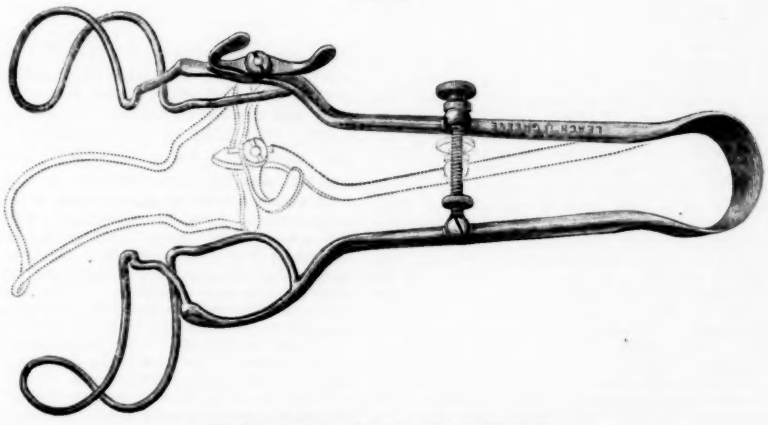
IN spite of the various improvements that have been applied to supra-pubic cystotomy since its revival in 1880, which have brought its technique so nearly to perfection, I have thought that a still further advance might be made in regard to some of its steps, when the operation is undertaken for the removal of intra-vesical tumours or prostatic hypertrophies. The steps of the operation which I have sought to improve are those which relate to the exposure of the interior of the bladder to view after it has been opened, and to the removal of the growths. I was led to make these modifications by the objections experienced in the use of the methods at present employed. With reference to the exposure of the interior of the bladder, the method of Trendelenberg seemed cumbersome and awkward. The use of tenaculæ, or threads or spatulæ, to sustain and open the bladder to view, calls for a number of assistant's hands, which are in the operator's way. The assistants frequently displace the spatulæ or écarteurs, and let them assume faulty positions. Furthermore, solid bladed écarteurs like those of Bazy cover up a portion of the bladder wall and interfere with the view of the growth, and its removal by instruments. To obviate these difficulties I have devised a bladder speculum (Figs. 1 and 2), which seeks to accomplish, by one instrument, all the objects, both for sustaining the bladder and exposing its interior to view, now gained by tenaculæ, threads, sutures, écarteurs, or posture of the patient, while doing away with the objections to the use of the latter methods, enumerated above. The speculum consists of two strong wire blades, which, when closed as in Fig. 1, can be readily introduced into the bladder through an incision of one inch or a little more in length. Above, the wire blades are attached to either side of a stout steel shaft or handle which terminates at its further end in a strong spring, the action of which is to separate the two sides of the shaft, and consequently, also, the wire blades of the speculum attached to each of them. About the middle of the shaft, and connecting its two sides, is a screw by which their separation can be controlled by governing the action of the spring. The blades of the instrument are introduced closed (as in Fig. 1) into the bladder. The speculum is then opened as in Fig. 2, by rotating the inner blade upon a pivot by the thumb and one finger; this blade then assumes a position opposite to its fellow, at the same time moderately distending the cavity of the bladder. The sides of the abdominal and bladder incisions can now be still further separated, and the bladder at the same time further distended by turning the screw outward along its thread,

FIG. 1.

Bladder speculum with blades closed.

FIG. 2.



Bladder speculum. Blades opened and separated.

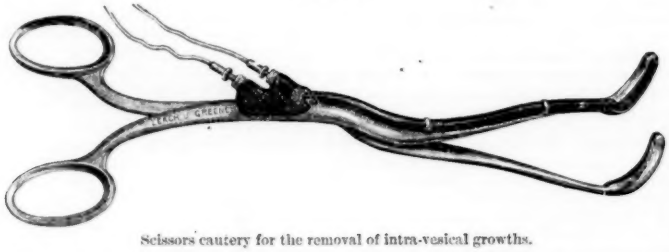
[1] Presented to the Surgical Section of the International Medical Congress at Berlin, Aug. 7th, 1890.

thus allowing the spring to push the handles apart. The instrument then takes the position shown in Fig. 2, and between its blades a free view of the field of operation is obtained. To withdraw the speculum, its blade is rotated back again and the sides of the shaft approximated by the screw; the position is then again as in Fig. 1, and it can be easily withdrawn. With the blades opened, the inner surface of the bladder incision rests upon the shoulder formed by the angle at the junction of the upper and lower portions of each wire blade. The bladder consequently cannot collapse or fall downward behind the pubes, but is held close up to the abdominal wound, and firmly fixed in that position, even when no hand holds the handle of the instrument at all. This does away with the necessity of having two or more hands to sustain the bladder with tenacula, or threads, and dispenses with sutures also, which require time to place, and may tear out under strain. By grasping the shaft of the instrument with one hand the operator can further raise or lower the bladder at will, and by turning the handle from side to side can expose to view and operative manipulation all parts of the interior of the organ. In using the speculum the bladder should be sustained by a tenaculum below the peritoneal fold while it is incised, and until the speculum is introduced and its blades opened. The tenaculum is then withdrawn. The open, widely fenestrated wire blades allow the best view, do not cover up portions of the surface against which they rest, and give room between their sides for the passage of instruments.

To recapitulate. The advantages gained by this speculum are: The placing of the bladder for all purposes of sight and instrumental manipulation under the control of the single hand of the operator, and the doing away with the objections to the other methods already mentioned. The contrivance is simple, inexpensive, easily cleaned, and efficient; it saves time and facilitates decidedly the removal of bladder growths. In order to allow for the differences in the capacities of different bladders, and also for the varying thickness of the abdominal wall in different individuals, the speculum is made in three sizes; the medium and smaller sizes will be found, I think, generally sufficient. There are, on the other hand, certain limitations to the use of this speculum, to which special attention should be given, else one may be disappointed in the instrument. It will be found inapplicable should the growth be an unusually large one with a salient firm base, because in that case the rotation of the inner blade may become impossible, and the instrument, therefore, cannot be opened. The same is true if there be a very small, contracted, inelastic bladder, for the same reason. If the patient be not completely anæsthetised, the blades cannot be opened, owing to their being held together by the recti muscles in contraction. Once opened, however, the blades can be locked in that position by screw head on the inner side of the handle. The second step relates to a device for the removal of the growths, and is based on the assumption that, when practicable, it is desirable to effect their removal by galvano-cautery action. The instrument shown in Fig. 3 is designed as a more convenient and more easily applied form of cautery than we have at present. It has the form of a short, right-angled, bladed pair of scissors, the curves of which are such that the burning surface, which is a platinum wire lying in the centre of one of the blades, can be applied easily to a growth in whatever part of the bladder it may be situated. This is its principal advantage. The wire is insulated by a bit of slate of triangular form, upon the apex or inner surface of which it lies; the opposite blade is similarly furnished with another piece of slate. The triangular form of these bits of slate serve to protect the bladder wall from injury by the heated wire by holding it away from the mucous membrane by about one-eighth of an inch. The cautery can be passed between the blades of the speculum or through their sides, and the growth seized and burned off; as an extra precaution against burning the bladder wall, it is well to interrupt the current frequently, especially if dealing with a tough based growth, which requires some time to burn through. If the growth be too large to be burned off by one application of the cautery scissors, it can be removed piecemeal by successive applications. This instrument also has its limitation. It cannot be successfully applied to very broad-based sessile growths, but with this exception it will, I think, be found most useful. The bladder may of course be illuminated in using these instruments, as is now usually done, by the electric cystoscope lamp, introduced through the supra-pubic incisions or through the urethra. I have used these instruments in four cases—two of bladder tumours and in two prostatectomies. These patients all made a good recovery from the operation, the performance of which was greatly facilitated by these new devices. The instruments can be obtained of Leach and Greene, Tremont-street, Boston, Mass., U.S.A.; of Krohne and Sesemann, 7, Duke-street, Manchester-square, London; and of Louer, Paris.

Boston, U.S.A.

FIG. 3.



Scissors cautery for the removal of intra-vesical growths.

ON AMENORRHŒA WITH MENTAL DEPRESSION, AND FROM MENTAL SHOCK.

BY G. ERNEST HERMAN, M.B. LOND., F.R.C.P.,
OBSTETRIC PHYSICIAN TO THE LONDON HOSPITAL, ETC.

(*Concluded from page 706.*)

IN the cases already narrated the uterus was small, but not so small as to make it at all certain that there had been a diminution in its size. It may have been that the uterus was larger when the patient was in health, diminished in size when the illness came on, and redeveloped when the patient got well. German writers have described atrophy of this kind. I shall next relate a case in which there was distinct atrophy of the uterus, which remained after the melancholic condition had passed away. In some of these cases there was some degree of abdominal pain. This was not dependent upon the amenorrhœa, for in some at least it persisted after menstruation had returned. There was no gross pelvic disease which could account for the pain, and it was not referred to the situations in which pain of uterine or ovarian origin is usually felt. In none were there menstrual molimina, or at the time of the cessation of the catamenia were local symptoms troublesome.

CASE 7.—M. A. D——, aged twenty-seven, came to the out-patient department of the London Hospital on Oct. 29th, 1879. Dr. Morgan Davies took notes of the case. The patient was not strong when a child, but had no ailment except the usual infantile ones. From the age of eleven to twenty she was a servant. She began to menstruate at thirteen. After the first menstruation she saw nothing for twelve months, but after that date menstruated regularly. The flow was scanty and always accompanied with much pain, often so severe as to lay her up in bed and make her vomit. Otherwise her health was good. She was

married at twenty, but never had any sign of pregnancy. Menstruation for two years after marriage continued as before. Then, in November, on the day before menstruation was expected, it being cold and wet, she attended on foot a funeral, having to walk to and fro a distance of four miles; and after this, on the same day, there was a family quarrel, which greatly upset her. The time at which she should have menstruated passed over without her seeing anything. Since then she has never menstruated, but has been able to tell when she ought to have done so by the occurrence of pain, like that of menstruation, but less severe. During the last two years there has been sometimes a little leucorrhœal discharge, but before that none. This discharge is not increased at the times when she should menstruate. For three months after the cessation of menstruation she was ill, but could only vaguely describe her symptoms, which seem to have been those of mental depression. She says that ever since the amenorrhœa began she has felt more depressed in spirits; has often cried without cause; dreads to be alone, lest she should lose her reason; has felt weaker, but can recall no cause of ill health, other than what has been related, to account for it. For the last two years has been a good deal troubled with headache. Often has a swimming in her head, which makes her almost fall. In these attacks the feet first became numb, the same sensation then travels to her head, then she becomes faint and her sight dim. There is no local pain or tenderness. Appetite poor; bowels regular; vomits almost every day. Uterus small; sound enters an inch and three-quarters; quite movable; cervix healthy; os externum large. She is well built and well nourished, but says she used to be stouter than she now is. Complexion florid, not at all anæmic; breasts large; no abnormal signs in chest; hands cold and moist. Says hands and feet are almost always cold. This patient attended for about two months as an out-patient. An attempt was made to relieve the monthly pain by provoking uterine hæmorrhage by faradism. Neither hæmorrhage nor benefit of any kind was obtained. The cervix was then leeched, with the effect of almost entirely removing the pain. After this the patient was lost sight of.

I next relate two cases in which premature uterine atrophy had taken place, following mental shock, and there was no history of any symptoms such as those in the preceding cases. But I did not see the patients at the time. To me it would be surprising that so great a change should be wrought in the organism without some concomitant symptoms.

CASE 8.—Zillah B——, aged twenty-nine, came to the out-patient department of the London Hospital on March 2nd, 1880. She began to menstruate at eleven; regular till marriage, without pain. Married at twenty-one. Circumstances uncomfortable since marriage; sometimes short of food, and sometimes, more especially about five years ago, used to get beaten and thrown downstairs. She had had three children, the last, which she suckled eight months, five years ago; no miscarriages. She was regular while suckling, the same as to quantity and pain as before, for fourteen months after the birth of her last child. Then her father was killed in an accident. She saw her father's body brought in, and it "thrilled through her;" she did not faint, but helped to undress the corpse. She was menstruating when he died, on Oct. 15th, and once after this, flow being scanty and pale, and ceasing on Nov. 18th. She has seen nothing since. After this she was well for ten months. Then she began to suffer from sacral pain, not confined to the menstrual period, but occurring at other times also, and lasting for a month or two at a time. Has had this on and off since. Last two or three years has had no indication when the menstrual period should have come on. No leucorrhœa since five or six months after courses stopped. No trouble in micturition or defecation. She is fat, although she says she has lost flesh. Is not anæmic; no physical signs of disease. Urine contains no albumen. Uterus movable; sound enters two inches. Cervix healthy, except that with the vagina it is injected; but patient says she has no discharge. No tenderness, except on pressure over left ovary, in which region patient says she has pain. I have no continued record of this patient.

CASE 9.—A. T——, aged forty-six, came to the obstetric out-patient department of the London Hospital on May 22nd, 1878. She had had two children, the last sixteen years ago. No other pregnancy. She applied for treatment because her womb came down; it had been down ever since her first confinement; and this had been worse the last eighteen months. She had not menstruated for twelve years—that is, since the age of thirty-four. Her account of its cessation was the following. Patient was called to her sister, who had been run over. She saw her sister lying as if dead, and bruised from top to toe. Patient went "like dead off"; she was afterwards told she had fainted. Has never menstruated since.

Taking together all degrees of the condition present in all the cases but the last two, I think it very common. Some depression of spirits occurs in most conditions of debility, and is not peculiar to those which produce amenorrhœa But in most cases of amenorrhœa, dependent upon chlorosis, wasting diseases, &c., the mental depression, although present, is not the chief symptom. Cases of pronounced melancholia are frequent enough in asylums. Between these extremes we find cases such as I have related. Other conditions much less common and less important are dwelt upon at greater length in text-books; and what is more important is that the student does not get clear and unanimous guidance as to the treatment. Should the uterus be treated? If the amenorrhœa be the cause of the symptoms it would seem rational treatment to try to stimulate the uterus to activity. But firstly, this group of symptoms often occurs in patients in whom treatment of the uterus cannot be carried out without doing them harm, even should the treatment be effective for the purpose aimed at. Secondly, I can see no good reason for expecting benefit from making the uterus bleed. Cases are common in which menstruation is absent without producing any kind of disturbance of health; and I see no reason for supposing that in these particular cases the suspension of the function should have a different result. The symptoms form a group, all connected together, just as are the symptoms of chlorosis, of phthisis, or of exophthalmic goitre. The absence of menstruation is simply part of a constitutional state. Thirdly, there is no kind of local treatment that will establish menstruation. It is easy by treatment to make the uterus bleed; but uterine hæmorrhage is not menstruation. It is possible to carry out local treatment on patients who in consequence of treatment of other kinds, or of the recuperative force of nature, are getting well; and in such cases it may seem as if the re-establishment of menstruation were due to local treatment. But there is no treatment from which the re-establishment of menstruation can be predicted, and this is the test by which in practice we must distinguish between cause and effect and mere coincidence. Change, fresh air, exercise, food, and tonics are the great therapeutic agents. Of these, change is the essential. It is easy to prescribe exercise, but not so easy to get the patient to take it while she remains in her accustomed surroundings. It is easy to order food, but dislike to food is one of the most troublesome symptoms. Tonic medicines are very good, but in this condition are the least important. Complete change, and that to surroundings in which the other indications can be complied with, is the great thing. The patient should be in a healthful place, with cheerful companions able to persuade her to exercise, and to tempt her appetite by the resources of cookery. If this can be carried out recovery will in young subjects almost always follow. But treatment of this kind is not always within the reach of the poor For them the best change of scene and circumstances is to the hospital. The best substitute for the exercise which the patient will not take is the management of the limbs, and the muscular action provoked by the galvanic current which goes by the name of the Weir-Mitchell treatment. With this and persistent feeding appetite will return, cheerfulness come back, and when improvement has advanced menstruation will return, without special pains being taken to provoke it. The rubbing and galvanising of the limbs, I think, are beneficial, not merely for the impression which they make on the mind of the patient, giving her an assurance that something is being done, but also because they tend to wake the patient out of gloomy meditations.

Harley street, W.

WEST HERTS MEDICAL ASSOCIATION.—At the meeting of the West Herts Medical Association, held at Watford on the 8th inst., Dr. Brett was elected president in the place of the late Dr. Hood, who held the office for twenty-four years, and Dr. F. Haycraft Berry was elected hon. secretary in the place of Dr. Brett, who held the office since 1862.

OUR CRIMINAL PROCEDURE:

SCIENTIFIC IMPERFECTIONS AND REMEDY.

BY H. A. LEDIARD, F.R.C.S.ENG.

THE time is not far distant when the question of the present method of dealing with criminals will be thoroughly discussed, but until the necessity for such discussion is demonstrated there is but little hope of the matter being dealt with in the only Chamber that can deal with alterations in law—I mean the House of Commons. As a prison medical officer of a few years' standing, I have been necessarily experienced in the rules and regulations put in force by the Prison Commissioners for the safety of those committed to their charge. No one could fail to appreciate the care which has been taken to divide the responsibility in the duties of the different officials, whether visiting, resident, or inspecting. The chaplain, the governor, the doctor, the warder, the inspector, and lastly the commissioner, have each duties of his own, for which he is responsible, and the outcome is the safety of the prisoner. Safety, as far as escape is concerned, is not the meaning, but safe keeping in its widest sense. This being so, the general body of the public is content, and it is only when political offenders are classed with criminals that we hear anything of the interior management of our prisons. It is almost impossible for any grave injustice to befall any prisoner without the heads of the department becoming aware of a breach in the rules, and visiting the offender with a censure, a suspension, or dismissal. The general body of the public can rest assured, if it is needful, that at all events a convicted prisoner has British fair play. At the present moment no Howard is required, and he who seeks for abuses and reform must work outside prisons. A few years' work as a prison medical officer teaches much, and I can look back with some satisfaction upon the time spent upon the duties I am disposed to think that familiarity does not here breed contempt. It will be found that the older officials, so far from being hardened by the routine, become enlarged in their understanding, and make a certain allowance for the caged bird beating its wings against the bars in its futile attempts to escape the thraldom of prison regulations. There arises a quickened intelligence as an outcome of experience, and much real kindness of heart is exhibited in various ways in sickness and trouble, and all this within the bounds of standing orders. For example, we have from time to time criminals whose morbid state of mind has led to crime or the appearance of crime; these unfortunates are "well and truly tried" before Mr. Justice Stareleigh, but are subsequently transferred to their proper place on the recommendation of the medical officer. In such a case much discrimination and, indeed, gentleness is called for, and my experience has been of a favourable kind. Far otherwise is the state of mind in which is to be regarded the occasionally haphazard method of dealing with persons on their trial. No new fact is stated; no one's experience is transcended when it is said that there is much to be done in order to place an unconvicted prisoner upon a platform of equality with the convict. The question is ripening, and is open to be taken up by any enthusiastic member of the House of Commons who has the welfare of the general body of the public at heart, as well as the dignity of our law courts in his mind. Let me admit at once that I am incompetent to do more than point out a glaring defect, and let me ask some one who is capable to suggest a remedy. It has already been urged, and there are strong arguments for it, that a court of appeal for criminal cases would do much to meet the case of a prisoner who has been convicted upon either false or insufficient evidence, or whose sentence was hastily pronounced, and a too severe term of imprisonment inflicted. It has been pointed out that such a court would act like a two-bladed sword, and cut both ways—that is, where a sentence was too light, the court of appeal might increase the punishment. No doubt the hands of such a court should be free to bind or to loosen, to increase or diminish, and to award credit or to censure. I believe that a court of appeal would do much, and it is within the rights of the general body of the public that such a safeguard should exist; on the other hand, prevention of error is preferable to its cure when mistakes have been made, and the contention is that a healthier method of criminal procedure would be a strong argument against the necessity for constituting a fresh court of justice. At the present moment there is a pseudo-court of appeal at the Home Office, and there, I believe, much patience, care, and thought are given to all representations made on behalf of convicted prisoners, with, in some cases, the happiest results. For instance, how many more victims would the hangman claim were the court of appeal non-existent? It is not, in my opinion, that sort of court of appeal which is wanted, and nothing short of a public review of a case, with all the witnesses, fresh facts, and a *réchauffé* of the old ones will satisfy those who ask for a court of appeal. I know that such a court of appeal would be inaccessible to a poor man, and therefore were such a thing established he would be as far off as ever from obtaining a rehearing of his case. The costliness of the law which hampers the prisoner whose circumstances are humble would hamper him still more at his second tribunal. If he be unable to engage the full services of a lawyer whilst he awaits his trial, and unable to collect sufficient to properly reward a proper counsel to defend him, how can he provide the means to obtain a rehearing of his case unless he throws himself upon the benevolence of a sympathising public?—an impossible arrangement, especially should he chance to be convicted of a disgusting offence, the very nature of which forbids public controversy. To the wealthy a court of appeal would do much; for the poor man it would be like caviare to the general public.

Scientific imperfections.—The chief direction where lies wrong to be put right is in the position of the medical profession in the witness-box in criminal cases. I say nothing as to civil cases, as these do not concern the personal liberty of the subject, and they are beyond the scope of my present observations. Before going further, let us see how a medical man becomes mixed up in criminal work, which leads up to his subsequent appearance in a witness-box. Violence of some kind is inflicted upon someone, a dead body is found, or an assault or outrage is suspected, and the policeman is informed. It is possible that in the mind of the informer, and possibly in the mind of the policeman as well, a first impression is made, which, finding its way into a note-book, is handed on to the authorities in the next rank. The inspector or chief constable now comes upon the scene, his mind is brought to bear upon the subject, and an order is sent to the police doctor to examine a body in either a living or dead state; in the latter case the order would come from the coroner, and a post-mortem examination and report are the result. So far all seems orderly enough; the doctor pockets his instruments, and with assistance makes his examination in a cellar, a shed, or a bedroom, with more or less assistance from daylight. Prior to this he has been made acquainted with the nature of the case from the person from whom the post-mortem order came; indeed, he has kept his ears open for all information which might enable him to direct his attention to one or more points of suspicion. Already his mind is a little biased, but he may or may not end with adopting the view first presented to him by an unscientific person. The report is drawn up, the evidence given, the trial gone through, the jury retire, the judge pronounces the sentence, and perhaps an innocent person is within an ace of the gallows, or perhaps actually hanged. No imaginary case is raised, and nothing is suggested that is not already known and written in works on medical jurisprudence. As a general rule, medical men make bad witnesses, whether before the coroner or in the assize court; this is admitted on all sides, and it is well to inquire why such a slur has been cast upon our profession. During an undergraduate's or student's career medical jurisprudence is a popular subject. In the class-room a good lecturer has an enthusiastic audience of medical and legal students, eager to apply scientific knowledge to common sense; the diagrams shown, the highly flavoured stories related, all tend to interest the student to a high degree, and he takes to medical jurisprudence naturally. The house surgeon finds his medico-legal work profitable, he is often in the witness-box, and soon gets over his first dislike to the wig and gown in front of him. Hence it follows that a young medical man, turning his back upon his *alma mater*, is often at his best as far as medico-legal knowledge goes. Does he improve himself? Does he remain stationary, or does he deteriorate in his subsequent career? The answer to this lies much in where he is placed. If he becomes attached to a hospital he may become a lecturer in medical jurisprudence, and lay the foundation for an expert's reputation. He may be constantly employed

in the investigation of injuries, of murders, hangings, drownings, poisonings, rapes, child murder, birth concealment, and the like, until finally he has laid up a store of experience which is trustworthy in all respects. On the other hand, the medical man who leaves his *alma mater* and plunges at once into practice, if he is in certain thinly populated districts, seldom or never has an opportunity of putting his medico-legal knowledge to the test, and rarely makes his appearance in the witness-box; his reports are drawn up without scientific accuracy, and in the end he learns to dislike anything approaching criminal work. The older he gets the more does this dislike increase, and, in addition, he looks upon the time spent in hanging about an assize court as woefully wasted, as the small fees paid do not in any way remunerate him for the loss. Hence it follows that the few become properly qualified for medico-legal work and the many become anything but experts; whilst it is by the many that special knowledge is needed, because crime is widely scattered, and no medical man can tell, in however remote a district he is placed, the hour when all his brain power will have to be concentrated upon the details of a supposed murder or the like. If it is admitted that the more experience a man has of medico-legal work the less will be the chance of judicial miscarriage resulting, and if it is admitted that the general body of the profession, as a rule, become less and less fitted for such work by reason of the chance opportunities afforded to them, it follows that every now and then members of our profession make but a poor appearance in the witness-box, are roughly handled by counsel, and sternly reproved by the learned judge.

The remedy I venture to propose, and it is one which may not at first sight recommend itself to medical men so much as it will to the legal profession, is that more knowledge should be brought to bear upon the investigation of crime, more experience and more ability. It is needful that criminal work should, as far as the prosecution of a prisoner is concerned, be lifted out of the rut it has got into. The medical man must no longer be a partisan or a person interested in the successful issue of a trial. To him it should be a matter of no moment whether the case ends in a release or with a hangman's rope. He must no longer be the servant of those who employ him, in the sense of adopting a theory put forward by a policeman. Impartial and disinterested conduct in the witness-box will raise the tone of our profession and command the respect of the Bar and Bench. How are these ends to be reached? how is evidence of a scientific character to be had in difficult cases? and how can such evidence be made impartial so that the interests of the poor man as well as the rich may be guarded with scrupulous care? To effect any change in legal matters is a question of very serious consequence, and until it can be clearly demonstrated to the minds of a thinking public that change is needful no action can be taken in Parliament. Built up as our legal procedure is upon custom, rule, and tradition, it will need a miscarriage of justice of a striking and important kind before any real agitation paves the way for reform. Let a Member of Parliament be killed through a faulty piece of machinery attached to a public vehicle, such as a railway carriage, and there would not then be much difficulty in obtaining a hearing. Let a common labourer be nearly hanged through judicial blundering, and there is but little interest taken, even by those who profess to have the interests of the working classes at heart.

The remedy.—In the present day newspapers are very different from what they were twenty-five years ago, or even ten years ago, when interviewing and reporting were to some extent in their infancy. The multiplication of rival papers has led to renewed activity in collecting information, good, bad, or indifferent, and the daily issue of papers has rendered a rapid transfer of news of the first importance. Hence, much that is inaccurate, much that is distrusted, finds a place in the columns of a daily paper. Cases are discussed with freedom prior to judicial proceedings, because each fresh piece of information bearing on the case is inserted in the paper, and the public at large read the comments and the startling headings to the paragraph and thus become biased before they are really aware of it. So much so is this the case that, according to the *Scotsman* for Oct. 15th, 1889, the sheriff in the Dumfries Sheriff's Court "severely animadverted on the conduct of a certain portion of the press in publishing irresponsible statements of the evidence to be led in the case, which had, he said, rendered it difficult to obtain an impartial trial." It is probable that newspapers in country districts are the chief offenders in this direction. A jury of twelve "good men and true" is chosen from the district where circulates a newspaper of the kind mentioned, and in an exciting murder or assault the mind of each man is unconsciously made up long before he is sworn to "well and truly try" the prisoner at the bar. In some districts, indeed, I question whether the jury is selected from the class possessing the needful amount of intelligence to come to a proper verdict, even under the guidance of a painstaking and merciful judge, or sufficient ability to take in the light and shade of the evidence which is brought before them. In our large towns there is far less fear of the common intelligence of a juryman being a wanting factor. Intellectual activity and quick thought are the outcome of aggregation of human beings in centres of industry. In country districts it is far different, and I can well imagine a barrister suiting his speech or mode of address to the panel he sees in front of him. With inexperience or want of scientific knowledge in the witness-box, with mental apathy or ignorance in the jury-box, with perhaps an irritable judge suffering from gout in the chair, little wonder is there if occasionally a grave disaster is the outcome. I leave others to deal with the judge and the jury, having but one source of fallacy to deal with here—viz., the want of medical, surgical, chemical, and forensic skill exhibited by the medical profession in the witness-box from time to time My remedy is as follows. Inasmuch as the general practitioner but rarely finds himself in the witness-box in a criminal case, I should supplement him by the addition, in all murder cases, in all important cases, in all doubtful cases, by the presence of a real expert,—I mean a trained and experienced medico-legal person who had a claim to be an expert. This official should be the servant of the Crown, he should act as the agent of the Home Office, he should be rewarded not by work done, but by a salary, and a good substantial salary. His independence should be unquestioned. Disconnected in every way with the chief constable, disconnected with the district, having his hands tied in no way whatsoever, his medical, surgical, chemical, and forensic abilities should be at the service of the Crown in the trial of the meanest of Her Majesty's subjects, if need be. As in cases of outbreak of disease, as in cases of railway disaster, as in cases of lunacy, as in cases of explosions in mines, special commissioners are held ready to assist the Crown in the collection of evidence and in adjudicating thereon; so should our criminal courts be provided with an expert whose conduct might become a synonym for accuracy and fairness. The real expert I have named should have a legal as well as a medical training, his qualifications should be high, and he should be prepared to advise in all cases where analytical chemistry is introduced into a trial. I hardly think that it would be possible to make the expert a good chemist, for chemistry is so deep and complex a subject, that it of necessity falls to the lot of those who are able to devote their whole time to it. On the other hand, there are some simple analyses, such as for blood, which would be well within the scope of a trained and experienced expert's ability. The chief constable of a district should have no hand in the employment of this official, and a way for introducing his services would be for the chairman of the bench of magistrates, before whom the case is taken down, to ask for the assistance of such help. In some, and indeed many, instances, it would be impossible for the Crown's expert to perform the most important duties that would fall to his lot. I mean his presence at a post-mortem examination of a murdered person or a supposed victim of an outrage, as the upshot of the post-mortem examination, might be an open question until it was completed. Nevertheless, the Crown's expert would have in his hands the report of the post-mortem, whatever its value, and would see at a glance where the deficiencies lay and what were the inconsequential theories embraced by it. The Crown's expert would watch the interests of the prisoner, or rather the interests of justice, at the same time as he weighed the opinions of those who conducted the post-mortem examination. There is another place, of vital importance, where the presence of the Crown's expert might be wanting—I mean before the traces of murder, supposed outrage, or the like were swept away. In recent years, and in all centres of intellectual activity, it is customary not to disturb the surroundings of a supposed crime until a medical man has come upon the scene, in which case

blood marks, foot marks, disturbance of furniture, clothes, signs of a struggle, position of a body, or a weapon, are all factors in the elucidation of a mystery. The Crown's expert could seldom be upon the spot at a moment's notice, and in some cases it would be impossible to await his coming, especially in hot weather or where death had taken place upon a public high road or in a public building. There is another side to the proposal of a Crown's expert, but this side is again on the side of justice and fair play. Through want of courage in the witness-box, medical witnesses sometimes allow their evidence to be whittled down to vanishing point, and an astute counsel will so befog the jury, and even perhaps a judge who knows but little of criminal law and nothing at all of medical jurisprudence, that an undoubted criminal will escape punishment. Here, again, a disinterested and scientific person, whose knowledge of law and evidence and whose experience had taught him to think, would prove of enormous value, and in the end there would be considerably less chancework in the verdict of the "twelve good men and true." For a poor man a Court of Appeal would do but little, and it is to avoid a further injustice being done to the poor man that the present suggestion is in part thrown out. I read the other day that a medical man said that he was in favour of keeping habitual drunkards locked up, and an advocate for temperance at the meeting remarked that he was in favour of getting at the drunkard before he became habitual, and thus avoiding the extreme measure of providing large establishments for the care of such. The cost of an appeal in criminal cases would be avoided by the exhibition of greater care, more science, more disinterested ability, and more fair play towards all classes of criminals, and more especially towards moneyless, friendless, and ignorant prisoners. If the principle of this suggestion were admitted, and it became a practical question, it is clear that the country would have to be mapped out into districts, and experts allotted to them according to the requirements; some five or ten experts might be appointed in the first instance until the experiment had stood the test of experience.

Carlisle.

THE BORACIC ACID "MASSAGE" TREATMENT OF DISEASES OF THE PALPEBRAL CONJUNCTIVA.[1]

BY W. M. BEAUMONT, M.R.C.S., &c.,
SURGEON TO THE BATH EYE INFIRMARY.

THE treatment of diseases of the cornea and of the palpebral conjunctiva by means of crystals of boracic acid does not appear to be very generally followed by English surgeons. The method was first brought to my notice in the spring of last year by Dr. Landolt of Paris, who told me that he had adopted it in the treatment of cases of granular and follicular ophthalmia &c. Since then I have given it—so far as concerns the palpebral conjunctiva—a fair trial, and have been well satisfied with the results. Keratitis, ulcers, and other diseases of the cornea I have not treated with the so-called "massage," and of them I do not speak. First, then, as to the *modus operandi*, which is very simple. The upper lid is everted in the usual way and powdered boracic acid, ground specially fine, is dusted thickly on the palpebral conjunctiva, either by flicking it on with a camel-hair brush or by blowing it on by means of a puff-ball. The powder is then well rubbed into the conjunctiva by means of the pulp of the forefinger for five or ten seconds, after which what remains may either be washed away by a brush dipped in lead lotion, or, if there is not much discomfort, it may be left within the lid. The lower eyelid is then treated in the same way. Sometimes the first few applications cause pain, but this may always be averted by previously instilling cocaine, and after one or two applications a tolerance is established, which renders the procedure free from anything more than slight discomfort. It may be repeated daily or on alternate days. The word "massage" seems rather an unfortunate one to apply to the procedure, if by that word is understood a method of manipulation that can only be acquired by technical training either in this metropolis of massage or at some special institution; whereas the boracic powder is merely rubbed in in a matter of fact manner with the pulp of the finger, all that is required being the *tactus eruditus* that every surgeon has at his finger-tips. The condition of the conjunctiva after two or three applications is usually one of healthy reaction, and the improvement so marked that there is no difficulty in getting the patient to attend regularly for the treatment. It is always dangerous to compare different methods of treatment—the individualism of cases, the varying circumstances of the patients, the predilections of the surgeon, and the hydra-forms of disease make comparisons difficult and certainty almost impossible,—but with all due caution I cannot help thinking that my cases of trachoma have proved less intractable since the introduction of the boracic treatment than they were when I relied chiefly on nitrate of silver or bluestone. There is less discomfort to the patient than there is from the application of the mitigated lunar caustic or of bluestone, and there is no argyriasis left to remind the patient of his treatment for the rest of his life.

The following cases, briefly epitomised, are typical of many other similar ones.

CASE 1.—Caroline C——, aged forty-one, attended at the Bath Eye Infirmary on Aug. 22nd, 1889, complaining that she had had "inflamed" eyes for more than thirty years. On inspection the conjunctivæ, both ocular and palpebral, were seen to be stained by nitrate of silver. There was well-marked trachoma and pannus. Vision was reduced to $\frac{4}{60}$ and $\frac{1}{60}$ respectively. Boracic massage was commenced, and after attending regularly for a month her eyes were better than she ever remembered them to have been. Lacrymation, pain, and discharge were all very much less, and vision had improved to $\frac{6}{60}$ in each.

CASE 2.—E. B——, aged twenty-three, has suffered from trachoma of the left lid for eighteen years on and off. Has been treated regularly for three months at a time with lotions, ointment, bluestone, and caustic. In June was treated on alternate days with boracic "massage" for a fortnight, when they became very much better, and she returned to service. She was seen again in September, three months after, when she said she had been more comfortable than she had been for years.

CASE 3.—H. B——, aged sixty-three, has suffered from his eyelids for twenty years. Has been an in-patient several times at an eye infirmary at New York, also at Brooklyn. He attended at the Bath Eye Infirmary on May 2nd, 1889, and was treated for trachoma with bluestone for a month without benefit. In the second week of June boracic acid was rubbed into the lids with immediate benefit, a fortnight later he was so satisfied with the result that he ceased attending, saying he should come again as soon as they were bad. I have not seen him since.

These three cases seem to show that the method is at least worth a prolonged trial—a trial, too, in which an explanation might be sought of the manner in which the boracic acid acts in these cases. The germicide properties of the antiseptic hardly seem sufficient to account for the improvement; a bacillus of trachoma, moreover, has never been shown to exist. In some of the latest literature on the pathology of trachoma, Dr. Thos. Reid of Glasgow[2] has affirmed that the essential part of this disease lies in the layer of subepithelial lymphoid cells, which become goblet-shaped later on from distension and pressure. Gradually these are invaded by bloodvessels, and the gristly bands of connective tissue are formed. Follicular conjunctivitis Dr. Reid regards as pathologically, though not clinically, identical with the granular form. Now, supposing we rub the trachomatous surface with such a powder as boracic acid, we should almost certainly destroy by mechanical friction the walls, floor, and nuclei of the goblet-cells, together with the subepithelial stroma. The bleeding that follows the treatment implies the destruction of the organising bloodvessels. The course of events is, in fact, much the same as when we scrape an ulcer or curette a cervix.

Bath

[1] A paper read before the Bath and Bristol Branch of the British Medical Association.

[2] Brit. Med. Jour., Oct. 26th, 1889, p. 924.

CASES OF CEREBRAL DISEASE RESEMBLING TUMOUR, TERMINATING IN RECOVERY.

By HENRY HANDFORD, M.D., M.R.C.P.,
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THE following four cases are of interest as showing the degree to which recovery may attain in cerebral disease of very grave though somewhat uncertain nature. The possibility of the existence of extensive and advanced neuro-retinitis without conscious impairment of vision, as in Case 4, is now becoming generally recognised. The onset in Case 1, shortly after a glandular abscess, is rather suggestive of a tubercular affection. The chief difficulty was between a tubercular tumour, probably in the cerebellum on account of the feeling of giddiness when the patient was lying on his back, and tubercular meningitis. The unilateral nature of the paralysis was in favour of tumour, and the complete recovery in every respect, except as regards sight, was equally astonishing whether the affection was tumour or tubercular meningitis. The severity of the optic neuritis in this as well as in the other cases was in favour of tumour. In none of the cases was there discharge from the ear, or suspicion of ear disease, or of syphilis. The enlargement of the head in Case 1 suggested ependymitis or ventricular meningitis, with closure of the foramen of Majendie. In Case 2 the origin appears to have been traumatic in the first instance. Here, again, the very distinctly unilateral nature of the paralysis was in favour of tumour rather than of meningitis. In Case 3, though the loss of power was greater on the right side, the unilateral character was not so well marked. The appearances of the fundus, so strongly suggestive of tubercles in the choroid, make it more than ever probable that the affection was tubercular, whether tumour or meningitis. In none of the cases was there any sufficiently sharply limited paralysis to enable one to localise the tumour, if there was one, though in Cases 1 and 4 it was thought it might be in the cerebellum. In all the cases the temperature was normal during the time they were under observation except in Case 2, where the highest range was 100·8°. It appears that meningitis, certainly when localised, and probably when general, is capable of producing unilateral paralysis. It is also stated that cerebral tumours when they become quiescent (and it is chiefly tubercular ones that do so) always leave evident permanent damage in the shape of paralysis &c. In this series Case 4 recovered completely, and in Cases 1 and 2 the only permanent damage was blindness. In Case 3 the improvement had not ceased. The diagnosis must, therefore, still remain doubtful.

CASE 1.—C. S——, aged nine, came under my care on Sept. 28th, 1885. He had previously been a healthy child, but had a history of phthisis on the mother's side. He was very intelligent, and was in the third standard at eight years of age. He has not been subject to cough. Two years ago he had an abscess on the back of the neck, and he has never been well since. Shortly afterwards his head began to enlarge, and he became subject to violent attacks of headache, with sickness and vomiting, coming on two or three times a week, generally in the afternoon after morning school, and lasting a few hours. Next day he used to feel well again. About a year ago he had an attack of headache in school, and, wishing to go home, found that the use of the right leg was gone, and he had to be carried home. For a short time after this he continued to go about, but dragged the right leg. Very soon he became confined to bed. He has never had any fits. He is well nourished, his appetite is good, tongue clean, temperature normal, and he sleeps well. He is free from pain, and very seldom has headache now. He answers readily, quickly, and intelligently, and his facts appear to be correct. He has, however, a somewhat fatuous smile, and seems contented and happy. There is some rigidity of all his limbs, especially of the right leg. The superficial plantar reflex is exaggerated on the left and diminished on the right. There is very marked ankle clonus on both sides. There is no affection of sensation. The head is enlarged and heavy, and he cannot raise it from the pillow more than a couple of inches, and that only for a few seconds at a time. The veins in the middle of the forehead (anterior frontal) are much enlarged and very full. The region of the anterior fontanelle is flat, and appears depressed, but the depression is probably relative to the marked projection of the frontal bone. He complained of giddiness when placed on his back, and consequently used always to lie on his side. He was unable to turn in bed, and had to be placed on his side by the nurse and supported by pillows. He had imperfect control over rectum and bladder, and sometimes passed urine and fæces into the bed, but was always aware of it. His hearing and taste were acute. His sight began to fail about a year ago, and for the last three months he has been quite blind, and unable to distinguish even a bright light. There is marked nystagmus in both eyes. The pupils are generally equal, usually dilated, but sometimes moderately contracted, and react to light very slightly. Both discs are extremely white, the ophthalmic veins very small, and the arteries reduced to mere threads. He continued in very much the same condition till November, when he was sent home. I saw him in March, 1886, and found that he was able to sit up, but could not stand without assistance. The head seemed smaller, but was not measured. His general health continued good. There was some rigidity of the right leg. By June he was able to run about, and he became a pupil at the Blind Institution.

In June, 1888, he was readmitted for a severe attack of chorea with some mental derangement. There was some difficulty in keeping him in bed, he was much excited, and tried to bite anyone who came near him.[1] The excitement very soon subsided, and for the next six or eight weeks his illness presented the ordinary features of chorea, gradually disappearing. There was no heart affection or rheumatism, and no known cause for the attack of chorea. He still remains blind, but can tell in the evening when the gas is lighted, though he cannot tell where the windows are in the daytime. Both discs are white, and the vessels reduced to mere threads. There is no nystagmus now.[2] He can turn the eyes in any desired direction, but not very steadily, and he cannot keep them fixed long in one position. When told to look straight in front, there is some conjugate deviation to the right. The rigidity of the right leg has completely disappeared for some time, and there is no muscular wasting. One leg is as good as the other. The frontal veins are now no longer prominent, and the head looks smaller; by actual measurement, however, the size is very much the same as it was three years ago, but of course the body has grown considerably in the interval, so that the head is relatively smaller.

In 1885 the measurements were: Greatest circumference, just above occipital protuberance and *above superciliary ridges*, 23 in.; from one external auditory meatus over the vertex to the other, 14¾ in.; from the root of the nose to the occipital protuberance, 14¾ in. Now the measurements are: Greatest circumference round occipital protuberance and *upper part* of forehead, 23 in.; circumference at the part measured in 1885, 22¾ in.; from one external auditory meatus to the other, 15¼ in.; from the root of the nose to the occipital protuberance, 15½ in.

CASE 2.—A boy aged thirteen, admitted June 7th, 1886, came under my care during August. A year previously he had an injury to his head, and since then he has had fits, the first one coming on the day after the accident. He used to have two or three fits a week, but lately has not had so many. During his stay in the hospital he gradually became quite blind from neuro-retinitis, resulting in white atrophy of both discs. The greatest rise of temperature was only up to 100·8°. He complained of almost constant and very severe pain in the head, and frequently used to scream. He lost the use of the arm and leg on the left side, and had imperfect, though variable, control over the bladder and rectum. He gradually improved, and completely regained the use of the left arm and leg, and left the hospital at the end of September able to run about, but quite blind.

CASE 3.—C. C——, a lad, aged sixteen, was admitted into the Nottingham General Hospital, under my care, on Dec. 16th, 1887, complaining of paralysis and loss of sight. He was tall, and fairly well developed, but his muscles were small, and wanting in tone; his face was devoid of expression, and his forehead very prominent. His present

[1] Since the above was written I have seen another case in which a semi-comatose condition, with constant attempts to *bite* when disturbed, were the most marked symptoms. The patient, a lad aged nineteen, could not speak or understand for many months. I could not be present at the post-mortem, but I understand that no tumour was found, but something resembling agglomerate tubercle in the cortex.

[2] The disappearance of such well-marked and constant nystagmus is very remarkable.

illness began a year and a half ago, with severe headache in the frontal and occipital regions. There used to be two or three attacks of about half an hour's duration every day, and they continued till about six weeks before his admission, since which time he has had very few attacks. He has had no vomiting, and no affection of speech. Ten months ago he had a convulsive attack, lasting from 11 A.M. till 6 P.M. It required several people to keep him in bed. For the following two days he remained in a semi-comatose condition. He began to lose the use of his legs eighteen months ago, and for nearly a year he has been unable to stand, and has kept his bed. The arms were affected later and to a slighter degree, the right more than the left. There is not complete paralysis of either upper or lower extremities. There is no affection of the muscular sense. He can place his legs in any desired position, and also can tell where they have been placed without the aid of sight. The knee-jerks are exaggerated in both legs; and there is ankle-clonus in both, but most marked in the right. Common sensation and the sense of heat and of pain are good everywhere. The plantar, epigastric, and cremasteric reflexes are very active. He has no dribbling of urine, but has lost control over the bladder and rectum, and always passes urine and fæces into the bed. His intelligence is fair and memory good. He is drowsy, and sleeps a good deal of the day. At one time he got very thin, but lately he has put on flesh, and is now rather fat. Taste and hearing are normal. His sight began to fail about ten months ago, and he had constant double vision. Six months ago he became quite blind, and now he has no appreciation even of a bright light. There is no paralysis of the external muscles, but the pupils are dilated and motionless. Both discs are white and atrophied, the veins small, and the arteries reduced to the merest threads. There were no hæmorrhages. There were a few scattered yellow miliary nodules grouped around the region of the yellow spot in the left eye, and looking like tubercles in the choroid. There was slight nystagmus in both eyes, the twitching being upwards and to the left. The head was rather large and the forehead very prominent, but there was no marked want of symmetry. The greatest circumference was 22¾ inches, and from the tragus of one ear over the vertex to the tragus of the other 14½ in. There was no pain or tenderness on percussion of the head. No facial paralysis or other localised paralysis or spasm could be detected which would enable one to localise the disease. He complained of muscular twitchings affecting especially the lower limbs, but more or less the whole body. The diagnosis was between cerebral tumour, probably tubercular, and a chronic meningitis, also probably tubercular, with effusion into the lateral ventricles. The history and the comparative absence of unilateral affection, together with the experience of Cases 1, 2, and 4, made me decide in favour of meningitis with effusion, and led me to express the opinion that though the loss of sight was irremediable, there was scarcely any limit to the extent to which recovery from the paralysis might attain. In July, 1888, I found him at home, able to stand and to walk with very slight assistance. The arms had recovered sufficiently to allow him to play the piano a little, but the right fingers were still rather stiff. He had no pain or headache, his appetite was good, he slept well, and he had recovered control over his evacuations. His intelligence and memory seemed unaffected.

CASE 4.—The following is a private case that I saw in consultation in March, 1887. The patient was a boy aged eight, the youngest but one of seven children, all strong and healthy. His father and mother are both strong and in good health. The patient was a well-developed, healthy-looking boy of somewhat over-studious habits. He was very intelligent, and was in the third standard at school. Last Christmas (i.e., three months before I saw him) during the holidays he had been dull and not inclined to play. About a month ago he began to vomit in the morning. Vomiting frequently took place when the stomach contained no food, before breakfast, and was unaccompanied by nausea, and often he would eat a good breakfast immediately afterwards. Sometimes he would go to school without breakfast. He complained much of headache, chiefly affecting the left temporal region, rarely the occipital. Headache usually preceded the vomiting. For the past fortnight he has remained free both from headache and vomiting. For several weeks he has had difficulty in walking; he sways about, turns to the right, and often falls, and then always backwards. In walking he sways about and holds the trunk and neck very stiff, with the head inclined to the right shoulder; he looks as if he was attempting to balance a heavy weight on the top of his head. He can stand with the eyes closed if the feet remain far apart, but with the heels close together and the toes turned out he falls at once, even when the eyes are open. When lying flat on his back in bed, if he attempts to sit up, the legs and feet go up in the air instead of the trunk, showing some incoördination. It looks just as if the centre of gravity had been raised up towards the chest. All the superficial reflexes were sharp. The knee jerks were slightly exaggerated; there was no local paralysis. The grasp of the right hand was 22 lb., and of the left 15 lb. There was no muscular wasting or alteration of sensation, and the nutrition and appetite remained good. The pupils were equal and moved to light and accommodation. He could read and was not aware of any failure of sight, but on testing him it appeared not to be so acute as it should be. On using the ophthalmoscope, very extensive neuro-retinitis was seen in both eyes.

The diagnosis was left open between a tumour, probably tubercular, in the upper part of the middle lobe of the cerebellum and chronic meningitis. In the light of Cases 1 and 2 I inclined to the view of meningitis, and suggested that it was not improbable that he would recover, but probably with loss of sight. Dr. Michie, with whom I saw the case, was more in favour of a cerebellar growth. The patient was treated with iodide of potassium, and in a few months got quite well, *with preservation of his sight.* I have not had an opportunity of examining the fundus again, and so cannot say whether the optic neuritis has left any trace of its previous existence.

Nottingham.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

BROMOMANIA.

BY F. A. AMPHLETT HOLMDEN, M.B., M.C.,
SURGEON TO THE CASTLE ROYAL MAIL LINE.

THE following case of long-continued addiction to the use of bromide of potassium which lately came to my notice will probably be of interest to the medical profession.

The patient, aged thirty-three, a seaman by occupation, when under my charge consulted me for a feeling of inaptitude for work, mental indecision, delusions, general lassitude, nausea, and dyspeptic symptoms. He also complained of obscure pains about the head, which could not be associated with any objective signs. His hereditary history was good, and he had always been a moderate drinker. He was a tall, healthy-looking, well-developed man, without any evidence of previous disease. The thoracic and abdominal viscera were normal, excepting the liver, which was slightly hypertrophied inferiorly, and palpation gave negative results. The tongue was coated, bowels slightly constipated, and the temperature normal. Finding that he did not improve, I suspected he was taking some drug, which he assured me was not the case; but to show the untrustworthiness of the patient's statement, I found a considerable quantity of bromide of potassium in his room, and he ultimately admitted that he had been in the habit of taking it, in larger or smaller doses, for about four years. I ascertained from him that some time ago he had been recommended to try the above-named medicine for insomnia and irritability, and that he had continued it on and off quite irrespective of the above complaints (as a general rule he used about three drachms per diem), and that he acquired a liking for the drug on account of the freedom from insomnia and worry, and the pleasurable sensations excited by it. Lately he had noticed a growing inaptitude for mental thought and exertion, and hallucinations and delusions more or less troubled his mind. It had also exerted a powerful influence on the generative organs, lowering their functions in a marked degree. I demonstrated to him the probable relation of his symptoms with the habit, and strongly advised him to desist in future from further experiment upon himself. The bromide having been stopped, he now rapidly improved under treatment. Some days after he was exposed to severe weather, and the above symptoms reappeared:

and, in addition, a depressed action of the heart, much drowsiness, and slight loss of power over the inferior extremities.—July 4th: Evening temperature 99·7°; restless and pain in the abdomen coincidently with vomiting. I prescribed beef-tea, soda and milk, and ice, sinapism to the epigastrium, and a compound senna mixture.—5th (6 A.M.): Passed a sleepless night; morning temperature 98·4°; gastric irritation better; bowels relieved; tongue furred; more restless; has subjective and objective disorders of perception; urine normal. 9 A.M.: Delusions and incoherent talking, becoming more restless; had him confined to a strong room, where he remained more quiet. 5 P.M.: Suddenly became violent, incoherent in speech with wild and furious shouting; takes no food; gave him a hypodermic injection of morphia (one-third of a grain), followed in two hours by twenty grains of sulphonal. 11 P.M.: Patient has become quieter and is lying down in his cell. 12 P.M.: A return of violence, with an exacerbation of symptoms; walking about his cell, with disorder of intelligence, both objective and subjective. No sleep, has torn up his bedding, broken the windows, and taken off all his clothes.—6th (6 A.M.): No sleep; found it necessary to strap him down to the bed, as he tried to thrust his head through the bars of his cell, wounding himself in both temples, and imagines he is about to be shot or hanged. 12 A.M.: Is getting a little quieter; taking some nourishment (beef-tea). Bowels not acting; has passed his urine in bed. 6 P.M.: Senses beginning to return, but still rather noisy. Released him from the strapping, and symptoms of exhaustion have supervened. Takes some milk and beef-tea; gave him a draught of compound senna mixture, followed by twenty grains of sulphonal, which procured him sleep. Temperature normal.—7th: Slept fairly well. Tongue furred, no pain, and quite sensible, with the exception of a few hallucinations. Bowels relieved. Appetite returning. From this period there was gradual convalescence, under the sulphonal treatment, combined with an acid tonic mixture.

ON THE VALUE OF THE INTRA-UTERINE SPIRAL STEM.

BY THOS. MORE MADDEN, M.D., F.R.C.S.ED.,
EXAMINER, CONJOINT BOARD, R.C.S.I., AND APOTHECARIES' HALL, IRELAND; OBSTETRIC PHYSICIAN AND GYNÆCOLOGIST, MATER MISERICORDIÆ HOSPITAL, DUBLIN, ETC.

THE advantages derivable from an easy, safe, and effective method of maintaining the permanent patency of the cervical canal after operations for the relief of stenosis, without interference with the comfort of the patient, must be obvious to every gynæcologist. For several years I was content with "the rapid dilator," a description of which I lately published in THE LANCET, and the utility of which I am convinced of in a large number of cases by clinical experience. Of late, however, I have found that in some instances it becomes difficult to maintain the necessary expansion of the canal without repeated employment of the dilator. Moreover, having met with a considerable number of cases in which the canal had become contracted after previous incision by other practitioners, I was induced to give a trial to Mr. Duke's spiral wire stems, as recently introduced by Messrs. Arnold of London, the superiority of which to the old-fashioned vaginal and cervical plugs or stems &c. more usually employed I have now learned in the treatment of several cases of obstructive dysmenorrhœa and sterility after operation that have come under my observation in hospital practice. I therefore desire to call the attention of other practitioners to what I have found the most effectual of all instruments for this purpose—namely, Duke's spiral wire stem, which I have used in numerous cases, and so far have never seen any unpleasant sequelæ therefrom. Quite recently I removed one of these instruments, which had been worn without intermission for upwards of twelve weeks, from a lady, whose experience was the enjoyment of perfect immunity from pain during the three successive periods in which the instrument was retained, and at the same time the patient, though long previously ailing, was enabled to undergo the fatigue of a prolonged continental journey without any pelvic discomfort. I may add that this is the first time that I have allowed an intra-uterine stem to remain quite so long *in situ*, the patient having promised to return at an earlier date.

Dublin.

CURIOUS CASE OF CONGENITAL DEFORMITY.

BY R. SINCLAIR SMITH, L.R.C.P.ED.

THE following additional example of the deformity mentioned by Dr. Wallace in THE LANCET of Aug. 30th may be of interest.

On May 19th, 1890, I was called to attend Mrs. S——, aged thirty-three, primipara. The labour, though tedious, was natural, and after the third stage was completed and the patient made comfortable, I directed my attention to the child (a male). On examination I discovered hanging from the fifth toe of the right foot a supernumerary toe, the nail of which was as well developed as on the other toes. I discovered that the supernumerary had an enclosed bone, but was struck at once by the absence of bone in the thin integument by which it was attached. I applied a ligature to the pedicle, and in a few days the toe dropped off, leaving a very slight mark. From observation I have no doubt that this supernumerary toe was supplied with nerve fibre as an ordinary one. I scarcely think the absence of portions of bone (at integument) could be accounted for as resulting from pressure of the cord, and shall wait with interest the result of publishing this and Dr. Wallace's case.

In the section of "Sajous' Annual of the Universal Medical Sciences" devoted to Embryology &c., I observe that Kollman holds the view that in cases where the supernumerary finger develops at the border of the hand the phenomenon is not pathogenic, but theromorphic—i.e., a special form of atavism.

Monifieth, N.B.

TWO CASES OF CONGENITAL DEFORMITY.

BY GEORGE THORPE, L.S.A.

SEEING Dr. Wallace's account of a case of congenital deformity, as also one in THE LANCET of Oct. 11th by Dr. Wade, I thought perhaps it would be interesting for me to record a precisely similar case which occurred in my practice about a year ago. I delivered Mrs. B——, a primipara, of a child on whose left hand was a supernumerary finger with a well-formed nail, and attached, not by any bony union, but simply by an isthmus of flesh, so that the finger was freely movable.

About a month ago I had a case of supernumerary thumb. This time, however, the two thumbs, both well formed, were strongly united by bone, and had one base common to the two. There was no articulation between them, and they could only be moved together as if they were one thumb. So unusual did I consider the deformity that I sent the case to Mr. W. J. Walsham for him to see it.

Walthamstow.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

UNIVERSITY COLLEGE HOSPITAL.

TWO CASES OF EMPYEMA, COMPLICATED WITH PYO-PERICARDIUM AND PULMONARY ABSCESSES RESPECTIVELY; REMARKS.

(Under the care of Dr. ANGEL MONEY.)

THESE cases present many features which will be read with interest by members of the profession, and as they are fully dwelt upon by Dr. Money in his remarks, we refer our readers to them. With regard to the occurrence of pneumonia in pregnancy, we would draw attention to the account of a case under the care of Dr. Netter,[1] which confirms the possibility of transmission of an infectious malady from the mother to the fœtus in utero. A woman pregnant seven months and a half was in the Hôtel Beaujon for pneumonia of the right apex. She recovered, but two days after the fall of

[1] THE LANCET, vol. i. 1889, p. 812.

temperature was delivered of a child that lived only five days. At the necropsy, there was found distinct pneumonia of the right upper lobe, accompanying fibrinous pleurisy, pericarditis, &c. Bacteriological examination demonstrated the presence of pneumococci in the lung and in the blood. It was therefore concluded that this pneumonia was clearly hereditary, and not acquired, and that it had been transmitted by the mother to the fœtus. Moreover, a guinea-pig, whilst pregnant, was inoculated with a culture of the pneumococci, and these micro-organisms were found in the fœtus. For the following notes we are indebted to Mr. Pennell, house physician.

CASE 1.—E. B——, aged thirty-three, was admitted under the care of Dr. Angel Money, on July 31st, 1890. She was seven months pregnant with her third child, in much distress; respiration 80, pulse full, bounding, compressible, 144. Dulness and other signs of lobar pneumonia were present at the right base, but no signs of disease in the rest of the lungs. In the evening labour pains came on spontaneously, and she had a natural labour, delivery being, however, accelerated by the application of forceps when the head reached the perineum. The child on delivery cried feebly, and lived only three hours and a half. There was no post-partum hæmorrhage; involution was natural, and the lochia were sweet throughout. After labour she sweated profusely, and the temperature fell to normal, with other signs of resolution of the pneumonia. In the afternoon of Aug. 1st the temperature rose to 103°, with signs of pleuritic effusion at the left base on the following day, when the temperature reached 103·8°. On the 3rd there were signs of pneumonia at the right apex, which cleared up on the 6th. She had much distress; orthopnœa; respiration 36 to 51; pulse 116 to 150. On the 4th pleuritic friction and diminished movement were apparent at the right base. On the 5th, as the heart was much displaced to the right and there was great dyspnœa, the aspirator needle was inserted in the eighth space in the left posterior axillary line, and five ounces and a half of serum withdrawn. Seven ounces more were removed on the following day. In a few days the friction at the right back gave place to the signs of effusion reaching as high as the spine of the scapula. The fluid in the left pleura collected again, reaching up to the angle of the scapula. The temperature during this period—Aug. 8th to 12th—varied from 99° to 102°. On the 13th signs of pericardial effusion developed, and the temperature rose to 103·4°; pulse 130, very irregular and soft; and during the few days following she became delirious at night. On the 14th a fresh attack of lobar pneumonia appeared in the upper part of the right lung, leaving the apex, however, free. The temperature rose to 104·6°. Eleven ounces of serum, which was now turbid, were drawn off from the left base, with some relief to the dyspnœa. Under the administration of digitalis and brandy the pulse gradually regained strength and regularity, but was never less than 112 per minute. The pneumonia cleared up on the 18th; but she got a fresh attack, this time including the right apex, on the 20th, lasting three days. The left base was again aspirated on the 20th, and twelve ounces of turbid serum removed. At this time she had an attack of intense plastic iritis, which, although treated with atropine from the first, progressed till the pupil was quite obliterated and the cornea opaque; the left eye escaped entirely.

On Aug. 24th, under ether, Mr. Pollard performed the operation for empyema in the left axilla; some sero-pus escaped, and much thick lymph was scraped away from the surface of the pleura. The patient improved after the operation, the temperature falling from 101° to 100°, but rising again on the 26th, after which she became rapidly worse, with signs of pulmonary œdema and renewed consolidation at the right apex. Nux vomica, digitalis, and brandy failed to maintain the pulse, breathing became more and more laboured, and she died on the 29th, thirty days after admission and twenty-nine after delivery.

At the post-mortem examination twenty-four ounces of pure pus were present in the pericardium, almost entirely stowed away behind the heart; the cardiac muscle was pale and flabby; the tricuspid valve, and still more the mitral, were covered with opaque, fibrous, friable, fungoid vegetations. There were emboli in the spleen, the left kidney, and in the lower lobe of the right lung. The right lung was œdematous, and the upper lobe affected with grey hepatisation. The upper lobe of the left lung was œdematous, the lower carnified. Uterus well involuted, placental area obvious, no local inflammation.

CASE 2.—Francis B——, aged fourteen months, was admitted on Aug. 22nd, under the care of Dr. Angel Money, for cough, loss of flesh, restlessness, and screaming at night. These symptoms had lasted a fortnight before admission. There was no diarrhœa or vomiting; well-marked frænal ulcer; cough, though paroxysmal, unaccompanied by distinct whoop. The child, distinctly rickety, was only weaned three weeks previously; never had measles, scarlet fever, or whooping-cough. Right back very dull below the angle of scapula; resistance increased; cry fremitus not lost; breath sounds high pitched; some crackling in the right axilla. A hypodermic needle inserted below the right scapula drew off pus; some œdema followed at the seat of puncture. On the 24th, as the child was very blue and the pulse feeble and rapid, a small syringe was inserted in the right base and an ounce of pure pus removed. It was accordingly decided to operate at once, and Mr. Pollard opened the empyema under chloroform; half a pint of healthy pus escaped, when the child suddenly ceased to breathe. Artificial respiration was resorted to and ether injected subcutaneously, and the child shortly revived, was dressed with sal alembroth gauze and wool, and returned to bed. The temperature, which varied from 100° to 102° throughout, was not notably affected by the operation, the child seemed relieved, though she did not take nourishment well; the pulse was weak and very rapid, and considerable cyanosis developed, which lasted till the 29th, when death occurred suddenly from syncope.

At the post-mortem examination the empyema was thoroughly drained. It was limited to the right lower lobe and extended between that and the diaphragm, but the posterior border of the lung was adherent (thus accounting for persistence of the cry fremitus). The right lower lobe was compressed and carnified, middle lobe hepatised, upper lobe fairly riddled with abscesses varying in size from a pea to a large filbert; two or three abscesses were also present in the upper part of the middle lobe. The abscess bulged the pleura in places, and on section was seen to be bounded by a sharply marked outline. The left lung presented some collapse and emphysema; otherwise healthy. No tubercles anywhere.

Remarks by Dr. ANGEL MONEY.—In the first case there seems to have been a septic process underlying the lung changes and determining their polymorphism; this was very probably associated with the puerperal condition, though the state of the uterus was satisfactory throughout. Pneumonia complicating labour is very dangerous, yet the latter proceeded naturally, and for a short time the patient seemed in a fair way to recovery; but the pneumonia proved to be of the recurrent migrating form, and recurred four times in different regions during four weeks without fresh exciting cause. This pneumonia migrans suggests a circulating poison, possessing a certain periodicity, expending its fury on a local area of lung tissue, which recovers in a few days as the pabulum of the poison becomes exhausted, though the injury done to the lung tissue is visible some weeks after on post-mortem examination. Then, after a latent period of a few hours or days, when the poison may be supposed to be multiplying in the blood, it breaks forth again in a fresh area of lung, and the cycle is repeated till either the pulmonary tissue becomes too damaged to maintain oxygenation or till the poison exhausts itself. The iritis, which, originating probably in an embolus from the mitral valve, was threatening panophthalmitis, may be taken as another evidence of the septicæmic condition. Double pleurisy was the next event, throwing both lower lobes *hors de combat*, running a favourable course on the right side, but progressing steadily to empyema on the left, despite repeated paracentesis. Then came the first evidence observed of the most interesting feature of the case—the heart mischief. The course of the pericarditis illustrates some remarkable features of that affection. Of one of these the text-books say little or nothing; it is the tendency a pericardial effusion has to pack itself away behind the heart, which still beats in contact with the chest wall. It thus becomes very difficult to distinguish from a localised empyema, as it compresses the lower lobe of the left lung, while the impulse of the heart is feebly felt in the præcordium and the heart sounds are simply muffled, though it is no longer possible to localise the apex beat by ear or hand. Even when the chest wall was opened in this case the amount of fluid in the pericardium was not realised till the heart was moved, and the amount of pus stowed away behind it measured. Hence, in this case, as probably in many others, though pyo-peri-

cardium was suspected during life, the physical signs never led us to expect such a large accumulation. Again, although the pleurisy was known not to be purulent, the pericarditis was suspected to be so, on account of the entire absence of friction despite repeated auscultation, this being a distinguishing point from serous pericarditis, and explained by the softness of the material which lines the serous sac in the purulent form. The simultaneous development of nocturnal delirium with the pericarditis is another characteristic feature, a small amount of pericarditis unsettling the cerebral cortex far more than a much larger amount of pleural mischief. The formation of the large "cauliflower" excrescences on both auriculo-ventricular valves, and the resulting emboli, were the last links in the chain of septic mischief, and alone would have precluded the possibility of prolonging life. The chief interest of the second case centres in the existence of multiple small abscesses of the right lung. The question arises, Was the empyema or the abscess formation the prime factor, and was the other a sequence? In a case of pyohæmothorax, published by me in THE LANCET for 1889, vol. i., the exciting cause of the pleural inflammation was the bursting of a subpleural abscess following broncho-pneumonia of a severe type, and there is constant illustration of the sympathy existing between the lung and pleura in various inflammations. In this case the distribution of the abscesses affected the upper lobe and part of the middle lobe, while the compressed lower lobe escaped, the other lung and the mediastinal glands being also free from disease, their fresh appearance and the concomitant lung condition all suggested a sequence the reverse of the above—namely, that the abscesses followed the empyema in the relation of cause and effect, and it is instructive as showing how an empyema, correctly treated surgically, may become fatal through complications which are not amenable to surgery.

GENERAL HOSPITAL, BIRMINGHAM.

SOME CASES ILLUSTRATIVE OF RENAL SURGERY; REMARKS.

(Under the care of Mr. GILBERT BARLING.)

WE commence this week a series of four cases illustrative of the surgical treatment of some diseases of the kidney. Operations on the kidney are no longer a novelty; many cases are published from month to month bearing on the surgery of that organ, but there are many conditions on which further information is required. Of the two cases which we publish below, the first presents an example of latent disease in the apparently healthy organ, which ultimately caused the fatal result, in spite of the successful operation on the left side.

CASE 1. *Large pyo-nephrosis on the left side; latent renal calculi on the right side; death from uræmia.*—S. G ——, aged forty, was admitted to the General Hospital, under Dr. Saundby, on Sept. 13th, 1887, and transferred to the care of Mr. Barling on the 17th, with a large swelling on the left side of the abdomen. This extended backwards into the loin, upwards underneath the costal arch, and downwards nearly to the level of the anterior superior iliac spine; resonance was diminished over the front of the whole swelling, and over the outer part of it there was absolute dulness; fluctuation could be made out from front to back. The history showed that for five or six years the patient had suffered pain in his loins, which was of a shooting character, and occasionally descended the course of the ureter; blood was noticed in the urine two years ago, and bits of gravel later; whilst for a long time the urine had been thick. About two months before admission the pain in the left loin became rather suddenly aggravated, shooting down into the left testicle, and at the same time the urine became much clearer; whilst six weeks later the patient's doctor noticed a swelling in the side which has steadily increased. The patient thinks he had a similar swelling some twelve months ago, which lasted a few days, and then suddenly disappeared. The urine, about fifty ounces in the twenty-four hours, contained a good deal of pus, and 1·9 per cent. of urea. The temperature was 100° F. each night. On Sept. 17th the left kidney was exposed by the oblique lumbar incision, and ninety-five ounces of pus were evacuated from its interior. The organ was reduced to a mere capsule, the cavity of which was not occupied by the dissepiments so characteristic of tubercular nephritis, nor was any stone detected, although carefully searched for with a sound. The discharge, at first very profuse, steadily diminished, pain became less, and at the end of three weeks the temperature was normal, and the patient fast gaining weight. The urine excreted amounted to a daily average of about forty-five ounces, sp. gr. 1015. On Oct. 29th the patient was transferred to the chronic hospital, and for a time did well, but the discharge increased again in quantity, and pain was complained of, passing across the abdomen to the right loin, but there was no tenderness on pressure over the right kidney, nor was any increase in the size of that organ made out. This note was made in February, about which time there was frequent complaint of severe headache, whilst the urine had increased to about sixty-five ounces, with a sp. gr. of 1013 on the average. In June the pain extending to the right side became more severe, and there was distinct tenderness on pressure over the right kidney, which, however, did not appear to be enlarged. The urine averaged now from eighty to ninety ounces, containing about 7 per cent. urea and of sp. gr. from 1005 to 1008. With a continued history of headache, sickness, pain over the right kidney, and diminishing urine, the patient lived until Aug. 24th, 1888, and died of uræmia.

At the necropsy, made by Dr. Crooke, the left kidney was found a mere sac of dilated pelvis and atrophied renal tissue, into which the sinus in the loin ran; the capsule was thick, and adherent very firmly to the surrounding fat, which was fibrosed. The ureter was patent, and the only cause which might explain the accumulation of pus was a reduplication of the mucous membrane of the pelvis, capable of acting as a valve when fluid collected behind it. The right kidney weighed 14 oz.; the ureter, pelvis, and calyces were dilated and sacculated, and occupied by an irregularly shaped calculus weighing 360 grains. Several other smaller calculi were tucked away in the dilated calyces: the stones were formed chiefly of phosphate of lime. The renal tissue left was fibrosed and the capsule thickened and adherent; the bladder was healthy.

CASE 2. *Successful nephro-lithotomy.*—W. D——, a male, aged nineteen, was sent to Mr. Barling in March, 1890, by Dr. Norbury of Stratford-on-Avon, with diagnosis of renal calculus. There was a history of pain in the left groin for thirteen years; sometimes this was very severe and shooting in character, running down the course of the ureter, and the worst attacks were associated with vomiting. The patient had during the last six years frequently noticed blood in his urine. On examination, no enlargement of the kidney could be made out; but there was a very tender spot at the outer edge of the erector spinæ, midway between the last rib and the crest of the ilium. The urine (about forty ounces daily excretion), of sp. gr. 1015 to 1025, contained red and white corpuscles and crystals of oxalate of lime. On March 26th the kidney was examined through the usual lumbar incision with great facility, and, a tough patch being felt in the pelvis, a needle was inserted into it, and a calculus was at once felt. Whilst palpating this, to determine how best to remove it, the tissues of the pelvis split over the stone, which was then easily removed with long dressing forceps, and proved to be mainly uric acid, nearly globular in shape, and weighing a little over two drachms. Two large drainage tubes were introduced. There was a free discharge of urine into the dressing for the first few days. The temperature on the first and second evenings was 101°, and there was some sloughing of particles of fat; otherwise everything was satisfactory. The escape of urine from the wound steadily diminished, until by April 11th it could no longer be recognised, and the patient left for home on April 28th with his wound healed except a small patch the size of a pea. At the present time he is perfectly well, and passes quite healthy urine.

MIDLAND MEDICAL SOCIETY.—At the annual meeting of this Society, held in the Birmingham Medical Institute on Oct. 8th, the following office-bearers were elected for the ensuing year:—President: Mr. M. A. Messiter. Vice-President: Mr. Lawson Tait. Treasurer: Mr. John Garner. Council: Dr. A. Underhill, Dr. Holmes Joy, Mr. Gilbert Barling, Mr. Priestley Smith, Dr. Simon, Mr. Augustus Clay, Mr. Eales, Mr. William Thomas, Mr. Chavasse, Mr. Bennett May, Mr. Jordan Lloyd, and Dr. Suckling. Secretaries: Mr. Haslam and Mr. Wood White.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

Primary Union after Operation for Suppurative Coxitis.—Dyspnœa due to a Bronchial Gland ulcerating into Trachea.—Excision of acromial half of Clavicle for Myeloid Sarcoma.—Traumatic Sciatica successfully treated by removal of an Osseous Spiculum.

THE first ordinary meeting of this Society for the present session was held at the Society's rooms in Hanover-square on Oct. 10th, the President, Mr. Christopher Heath, being in the chair.

Mr. HEATH addressed a few words of congratulation to the members on their reassembling after the vacation, and pointed out the improvements that had been effected in the meeting room from an acoustic point of view. He announced that the new volume of the Transactions was ready, and would be in the hands of the members in the course of a few days.

Mr. W. H. BATTLE showed a girl six years of age who had suffered from suppuration in the left hip-joint, which had been treated by incision and erasion of an abscess-cavity in the neck of the femur on which the suppuration depended, and in which primary union was obtained, the patient recovering with a perfectly movable joint. She was admitted to the East London Hospital for Children, Shadwell, on Sept. 25th, 1889. She was emaciated and pale. The history was that until six weeks before there had been nothing the matter with the child. She then had epistaxis and a "feverish cold," which lasted for a fortnight. Then she had pain in the arms and legs, especially in the joints, and was unable to walk for five weeks. She had had much pain in the right knee, screaming when it was moved. A swelling in front of the chest was noticed the day before admission. The family history was good. The right limb was inverted, appeared shortened, and presented signs of disease of the hip. There was a large abscess behind the joint in the gluteal region, and a large abscess in the right pectoralis major muscle. She had incontinence of urine with pus deposit on standing, and a large firm swelling in the hypogastric region, reaching from the pubes half way to the umbilicus. Two days after admission the pectoral abscess was aspirated and the gluteal abscess incised at the back of the hip-joint; a small opening in the capsule could be felt with the finger, but the cartilage of the joint did not appear roughened. The swelling in the hypogastric region was apparently inflammatory, and without evidence of softening. Progress was satisfactory until Nov. 8th, on which evening the temperature rose to 103°; it was 103° the next morning, and she complained of much pain in the left hip; there had been some slight pain in it for two days, and now there was marked fulness over the front of the joint. The bladder symptoms were worse. From Nov. 9th to the 19th the temperature continued of a hectic character, and on the latter date, from the presence of very considerable œdema over the front of the hip and thigh, it was evident that suppuration was extending, and fluctuation could be felt over a large area. By means of the anterior (or Parker's) incision the joint was opened, and much pus evacuated. The capsule was distended, softened, and its lining of velvet-like softness. A hole the size of a pea was felt in the anterior aspect of the neck of the femur just below the upper epiphysis. After enlargement of the incision a sharp spoon was inserted into the neck of the femur and this cavity scraped out, leaving a mere cylinder of bone to support the head. Chloride of zinc (1 in 30) and perchloride of mercury were used to wash out the cavity and interior of the joint, deep catgut sutures were inserted without any drainage, and the wound dressed with sal alembroth gauze and wool, a long splint and extension being applied. On the 22nd the dressings, soiled with urine, were removed. There was some irritation round the stitches. There had been no rise of temperature and no pain, and at this dressing there was no complaint of pain, although the joint was purposely flexed to a considerable extent. On the 26th the dressings, saturated with urine, were again removed. There was suppuration around the stitches, which were removed, but the wound was quite healthy and without discharge. There was neither pain nor tenderness. On Dec. 13th she could walk without pain or lameness. The splint was removed. The abdominal swelling was examined under chloroform. More than one of those present examined this swelling, with the idea of rousing some action in it, as it was considered that perhaps absorption might then ensue. This did occur before Dec. 4th, and with it all symptoms of bladder trouble. The abscess behind the right hip continued to discharge for two months after it was opened, and during that time caused but slight inconvenience, no pain, and the movements of the hip-joints were normal when she left the hospital on Jan. 2nd of this year. During the summer she was admitted for a time with typical strumous abscess of the right supra-condyloid gland. There was a sinus over the position of the lowermost stitch on the front of the left thigh, also in the scar in the right gluteal region. The patient appeared neglected, but the movements of the joints continued in every respect perfect. The child looked healthy and well, walked without the slightest lameness, and presented no trace of the original disease, the only evidence of the fact that there had been anything wrong with her being the presence of the scars. Mr. Battle considered that the disease was essentially tubercular in character, as evidenced by the microscopical appearances of the tissue removed at the operation and shown at the meeting, and the course and further development of other points of disease.—Mr. HOWARD MARSH congratulated Mr. Battle on the success of his remarkable case, but he wondered why it was not considered pyæmic in nature. The principles on which the case had been conducted—free opening and drainage—were those that should be always advocated in a case of that character.—Mr. PARKER said that a good deal of the credit of the case was due to the after-treatment which had been adopted—namely, that advocated by Mr. Barker, of scraping out the diseased tissue and then sewing up the wound. They had dealt successfully with many similar cases at the Shadwell Hospital for Children, the patients being drawn from the poorest classes.—Mr. BATTLE, in reply, said that he based his diagnosis upon the facts that the course of the disease had been slow and gradual; that, after the opening of the abscesses, the temperature had become normal; that the child was not so ill as was usually the case in chronic pyæmia; that the lesion in the bone was localised, as was usual in tubercle; that the microscopical products of the case had been pronounced by competent pathologists to be most probably tubercular, and that the gummatous swelling which had formed since in the thigh and the abscess of the arm were of typical strumous character.

Mr. R. PARKER then related a case of sudden and fatal Dyspnœa due to a bronchial gland which had ulcerated into the trachea of a child aged twelve months. The patient was an infant in arms, and previously to the onset of the dyspnœa was believed to be in perfect health. The mother at the time was in a butcher's shop buying meat for her husband's dinner; suddenly, and without any obvious reason, the infant was seized with urgent dyspnœa. The mother ran off to the nearest doctor, who, recognising the urgency of the case, sent it on to the East London Children's Hospital. On its admission, the house surgeon (Mr. Barker) explained the dangerous condition to the mother, and that tracheotomy might be necessary at any moment. The mother, however, would not consent to any operation without first consulting her husband, and went away for this purpose. Meanwhile the dyspnœa became extremely urgent, and tracheotomy was performed by the resident medical officer (Dr. Hastings) without the parents' consent. Some temporary relief was afforded; but a foreign body which was believed to be the cause of the trouble could not be found, nor any other satisfactory explanation for the dyspnœa. The child died within an hour and a half of the commencement of the attack. At the post-mortem examination a caseous gland, which had ulcerated its way into the trachea, was found just above the bifurcation, occluding one bronchus entirely. There had been no symptoms to attract attention to such a condition. Some remarks were made on the unusual nature of the case, and also on the ethics of performing tracheotomy under such circumstances without the parents' consent.—The PRESIDENT, referring to the ethical aspect of the case, said that a medical man was bound to do all he could to save life; and as the parents of the child were out of the way, the resident medical officer was quite justified in doing the operation. If the parents had been present and had refused consent, they would then have taken the

responsibility; but certainly no greater attention than possible should be paid to the ignorant protests of an over-anxious mother against a necessary operation.—Mr. E. WILLETT said that last August a similar case had been sent up to St. Bartholomew's museum, which had proved fatal in the same way.—Dr. FORMAN, referring to the celebrated case related in Dr. Williams's book, where a tracheotomy was done without consent, said that had it not been for the firm support of the profession a very serious injury might have been done to the operator's reputation.—Dr. ANGEL MONEY could testify to the rarity of the disease under discussion; the wonder was that it did not happen oftener, as lymphatic glands were often found agglutinated to the trachea or to the bronchi.—Mr. HOWSE, though he admitted the rarity of tubercular glands perforating into the trachea, as solid bodies, yet could remember two cases in which flaky material escaped into the trachea by perforation from a broken-down gland, and was probably discharged by expectoration. After death a sinus was found leading into a cavity, which latter was probably the empty gland-capsule.—Mr. HOWARD MARSH asked if there were any symptoms present which indicated a departure from the ordinary symptoms of foreign body. In another such case the trachea might be opened further down and the gland removed by spoon or otherwise.—Mr. PARKER said that the presence of the parents of the child, who were hostile to interference, rendered the search a difficult one; but a catheter was passed down the trachea and the foreign body was felt for with forceps. He was quite familiar with cases in which purulent débris from glands escaped into the trachea, but he did not know of any in which the gland as a whole passed into that tube and was held there by its capsule. He hoped Mr. Willett would record the case he had mentioned side by side with his own.

Mr. BLAND SUTTON brought forward a case of Excision of the Acromial half of the Right Clavicle for Myeloid Sarcoma. The patient was a woman aged twenty-six, and the operation did not present any difficulty; the patient recovered, and had now excellent use of the arm. Partial resection was performed in consequence of the excellent result which had been obtained in the case reported to this Society by Mr. Henry Morris in whch he excised a myeloid tumour from the lower end of the radius fourteen years ago. The patient had a useful hand, and had had no recurrence. Mr. Sutton pointed out that great care must be exercised in reporting cases of resection of supposed myeloid tumours, for many endosteal sarcomata mimicked them. If a central sarcoma of bone were excised and reported loosely as a myeloid tumour, discredit would be thrown upon one of the most conservative of surgical operations. After a careful search through modern literature no other example of myeloid tumour of the *acromial* end of the clavicle could be found. In this respect the case was very exceptional.—Mr. HOWARD MARSH said that in the museum of St. Bartholomew's Hospital there were two tumours of the sternal end of the clavicle. The case illustrated the fact that these tumours usually sprang from the growing end of the bone.—The PRESIDENT had never seen a case himself of primary sarcoma of the acromial end of the clavicle.

Mr. SUTTON then related a case of severe Traumatic Sciatica successfully treated by the removal of a Spiculum of Bone from the edge of the great Sacro-sciatic Foramen. The patient was chief mate of a sailing vessel. Soon after leaving St. Vincent the head of his left thigh-bone was dislocated by a "derrick-boom" falling upon him. An earnest but rough attempt was made by the crew, directed by the captain, to reduce the dislocation; this failed. A few days later reduction was effected under chloroform at a hospital on the Canary Islands. After the accident the patient suffered great pain in the thigh and leg in the course of the sciatic nerve and its subdivisions. This was endured for six months. When the patient came under Mr. Sutton's care an exploration of the great sacro-sciatic foramen was made by an incision through the buttock, the patient being placed in the position of a cadaver when the gluteal region is being dissected. This position greatly facilitated the steps of the operation. A spiculum of bone, 15 mm. long, was found at the edge of the foramen, in such a position that its point was pressed into the nerve when the limb was extended. The spiculum was removed with bone forceps, the cut edges of the gluteus carefully sutured with gut, and the wound closed. The patient made a rapid recovery, lost all his pain, and in a few weeks resumed his occupation.—The PRESIDENT said that it was most remarkable that the sciatic nerve should have been so constantly stabbed without giving rise to symptoms, and yet tetanus appeared to be sometimes caused by the irritation of a small nerve.—Dr. WILBERFORCE SMITH asked if any vaso-motor symptoms had been noticed. By physiological experiment it had been found that contraction of the vessels of the limb followed stimulation of the sciatic.—Mr. BATTLE asked if the spiculum were a piece of the bone knocked off by accident, or if it were a bony outgrowth the result of the injury.—Mr. SUTTON, in reply, was inclined to think that there had been a fracture running across the ilium and entering the sacro-sciatic notch. He did not believe it had been formed as the result of inflammation. He regretted that no physiological observations as to the vaso-motor condition had been made before the operation.

HUNTERIAN SOCIETY.

THE first meeting of the session was held on Oct. 8th, Dr. Stephen Mackenzie, President, in the chair.

The PRESIDENT, in a short opening address, alluded to the clinical and pathological evenings recently instituted as new features in the work of the Society which promised much usefulness. He also encouraged the Fellows to cultivate microscopical research, a field in which most of the great advances of the present day are being made.

Cardiac Diseases.—Dr. PYE-SMITH read a paper on some points in the Prognosis and Treatment of Cardiac Disease. Dividing his subject into three heads the author dealt with functional diseases, and with organic diseases unattended by changes in the valves in abstract only. In the latter category primary dilatation of the heart, well known to factory and army surgeons, was referred to overstrain in youth and young adult life, whilst the dilatation following specific fevers formed a distinct class, and was of graver prognosis. A case of recovery from ulcerative endocarditis was related, in which emboli had been observed in various arteries forming aneurysms. Under the third head, diseases depending on organic valvular changes, details were given as to the relative gravity of the various lesions. He instanced cases in which a slight form of pulmonary stenosis had allowed of patients attaining adult life, one lady was living over fifty years of age; next to this case was a young man who died at twenty-four. In aortic obstruction much depended on the cause; in the senile form fatal syncope was not uncommon. Mitral stenosis usually came under notice when regurgitation had been added, and the symptoms were then like those of primary regurgitation, but much less amenable to treatment. Degenerative sclerotic processes of later life were more dangerous than the rheumatic changes of youth. The completeness of compensation was to be judged of by general signs, easy respiration, &c., rather than by the amount of hypertrophy and dilatation present. In children the lesions developed were always rheumatic; there was very little danger of sudden death, and much less liability to dropsy; the aspect often suggested phthisis. In the later stages of all heart disorders mitral failure came on, and the cases got much alike. The prognosis was generally better for women than for men; the kind of life led was a great factor. Private practice yielded far better results than hospitals. Dr. Peacock stated six or seven years as the longest survival after aortic incompetence had developed; this was too short, and several cases were now adduced showing ten or fifteen years or more. As to life assurance, he thought a murmur should debar acceptance on any terms, unless it was found to be functional and disappeared in a few weeks; the risks were great. Treatment often had the most striking results in the worst cases—e.g., in waterlogged subjects, where digitalis, tapping of abdomen, or acupuncture of legs (preferred on the whole to Southey's tubes), rescued from the brink of the grave. The sitting posture in a high armchair often helped; water gravitated to the legs. Strophanthus he had not found better than digitalis, but useful to replace the latter on occasion. Convallaria was quite inferior to either, but good for dropsical children. Hyoscyamus relieved pain; antipyrin was unsafe. Sulphonal in hot milk or with tincture of lavender was useful in restless conditions. Venesection might be used to subdue pain and to relieve the distended right side of the heart. He disapproved of Oertel's treatment by heart gymnastics, which

were likely to disturb compensation.—Dr. F. J. SMITH quoted statistics from the London Hospital in further illustration of prognosis. He found strophanthus safe and useful in out-patient practice.—Dr. GILBERT and Mr. F. R. HUMPHREYS related cases under their own observation.—Dr. PITT and Dr. TURNER discussed mitral stenosis and its more frequent occurrence in women. The former advocated iodide of potassium for anginose conditions.

OBSTETRICAL SOCIETY OF LONDON.

Case of Symmetrical Erysipelas, followed by Premature Labour, and Eclampsia on the nineteenth day.

A MEETING of this Society was held on Oct. 2nd, A. L. Galabin, M.D., F.R.C.P., President, in the chair.

Dr. J. B. HURRY read a paper on the above case. The patient, aged thirty-five, was in her sixth pregnancy, when, without previous warnings, she began to have severe headache, pains in the limbs and loins, shivering, rapid pulse, hot skin, and anorexia. She was two weeks from full time, and within twelve hours of these symptoms she was suddenly delivered of a child. Slight post-partum hæmorrhage. Two days later she had an erysipelatous eruption in front of each ear, quite symmetrical, and pitting on pressure. No sore-throat. Temperature 102·5°; pulse 125. Lochia natural. The eruption spread over most of the face. Constitutional symptoms became severe, and on the fourth day suckling was discontinued; the urine was free from albumen. On the fifth day there was slight tympanites of the abdomen. On the twentieth day she was apparently much better, but had a serous discharge from, and deafness of, the left ear. She was suddenly seized with epileptiform convulsions involving the whole body. There was total loss of consciousness; pupils dilated, no reaction to light; conjunctival reflex abolished; slight foaming at the mouth; urine passed involuntarily. In an hour consciousness had partially returned. She had twenty-five more fits in the next forty-eight hours—very severe the first twelve hours, less and less so afterwards. There was never any albumen. Chloral was given per rectum, and chloroform by inhalation. The fits ceased. The patient improved, but complained of headache. The mental powers were unimpaired. The discharge from the ear ceased, and good hearing was regained. On the thirty-fourth day she was practically well. The interest of this case lay—(1) In erysipelas attacking a woman before labour, and apparently inducing premature delivery; (2) in the symmetrical lesions; (3) in erysipelas of the face attacking a lying-in woman without provoking puerperal septicæmia of any severity (perhaps this was due to the treatment by antiseptic pads applied to the generative organs, thus preventing the access of contagion to the lacerated parturient canal); (4) in the interval of nineteen days between delivery and the outbreak of eclampsia; (5) in recovery after twenty-six fits; and (6) in the absence of albuminuria.

Dr. BRAXTON HICKS pointed out that in the paper he had brought before the Society many years ago he had not stated that puerperal fever was caused by scarlatina. The exact relationship between zymotics, erysipelas, and puerperal fever (so called) had yet to be made out. For himself, it seemed most likely that in the bad cases, similar to those seen in the hospitals formerly, there were two poisons acting concurrently. He recommended the collection of clinical histories from all parts of the world, particularly in new towns not yet saturated with zymotic diseases.

Dr. HERMAN said that Dr. Hurry took it as established that erysipelas was one of the causes of puerperal fever. Erysipelas and puerperal fever had been associated in some hospitals, and Dr. Minor had compared the prevalence of these two diseases in different States of America, showing that they went together. But he (Dr. Herman) did not think the evidence adduced by Dr. Minor bore out his conclusion. The so-called epidemics of puerperal fever were only very slight elevations of the number of cases above the general average, and the number of times that an increased death-rate from erysipelas went with an increased death-rate from puerperal fever was not more than could be accounted for by fortuitous coincidence, together with the fact that the spread of both diseases was favoured by uncleanliness and bad ventilation. Thus both diseases were found especially frequent among German immigrants. Fehleisen had shown that cutaneous erysipelas was quite different from phlegmonous erysipelas. Dr. Herman had no doubt that the latter was one of the diseases included under the term "puerperal fever." This was the disease which Virchow had called "erysipelas malignum internum." Gusserow had shown that cutaneous erysipelas produced only the same disease in a lying-in as in any other patient. He (Dr. Herman) had seen a cutaneous erysipelas in the lying-in woman and also in the infant, running its ordinary course without producing puerperal fever. He agreed with Dr. Braxton Hicks that cases in which patients appeared to suffer from erysipelas and from septicæmia were cases of mixed infections in which the poison of both diseases had been received by the patient.

Dr. HEYWOOD SMITH asked if any observations had been taken of the frequency or character of the pulse between the fits.

Dr. BOXALL drew a distinction between facial and—as it might be termed—pelvic erysipelas. He thought them both due to the same cause, and that facial erysipelas might be transmitted to the pelvis either through the tissues or by escaping from the body and being reintroduced into the genital tract. He compared facial erysipelas with whitlow. He was convinced that when the erysipelatous poison implicated the pelvic organs it produced a local and general disturbance, which, as far as clinical observation went, was very often indistinguishable from puerperal fever, and invariably resulted in a puerperal disease of grave and often fatal type. No blush appeared beyond the vulva in many such cases, and hence their erysipelatous character was apt to pass unnoticed.

Dr. AMAND ROUTH thought that, as there was distinct evidence of otitis, the convulsions were due to a transient meningitis, secondary to the erysipelas, and were not in any etiological sense puerperal.

Dr. CLEVELAND disagreed as to the analogy between cutaneous facial erysipelas and whitlow. From what he had seen of both affections there was no tendency to suppuration in the former, while in the latter it was marked. He had always regarded the importation of pus into puerperal surroundings as an element of danger, and could understand the necessity for taking precautions if a lying-in woman happened to be suffering from whitlow.

Dr. HURRY, in reply, said no observations had been made on the pulse rate between the fits. He thought the character of the fits, as well as the subsequent history of the patient, pointed to true eclampsia, and that the discharge from the ear was due to facial erysipelas.

Dr. HERMAN read part of a paper on Four Cases of Pregnancy with Bright's Disease.

The following specimens were exhibited:—Dr. WILLIAM DUNCAN: (1) Tubercular Disease of the Ovaries and Fallopian Tube; (2) Hæmorrhage into the Left Ovary and Fallopian Tube; (3) Cancer of the Body of the Uterus. Mr. ALBAN DORAN: Delbastaille's Speculum à Glissières. Dr. HERMAN: Extra-uterine Gestation removed before Rupture. Dr. JOHN PHILLIPS: Pelvic Viscera in a case of Vaginal Injection of Acid Nitrate of Mercury.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

President's Introductory Address.

A MEETING was held on Friday, Oct. 3rd, Mr. T. Gunton Alderton, President, in the chair.

In the course of his introductory remarks the President alluded in sympathetic terms to the great loss sustained by the profession at large, and many members of the Society who had enjoyed the privilege of his personal acquaintance, in the recent death of Dr. Matthews Duncan, who was present at the last Cavendish Lecture. The President then referred to the good work done in the past by the Society in contributing to the advance of medical science and in promoting good fellowship among the medical practitioners of West London. After discussing briefly the causes of the increasing difficulties attending the legitimate practice of medicine, which were attributed to the overcrowded state of the profession on the one hand, and to the treatment of patients by unqualified persons or by home medication, encouraged by popular medical literature of the day, on the other, the President touched upon the subject of out-patient departments in hospitals, and, basing his

conclusions on the experience gained when a house surgeon, he opposed the notion that the present mode of administrating out-patient departments entailed any interference with the sources of income of the ordinary medical practitioner. The members of the Society were counselled to study carefully the provisions of the Midwives' Registration Bill, which, as it stood at present, bid fair to alienate a large portion of midwifery practice from the general practitioner, if it did not ultimately take it altogether out of his hands. The inferiority of the training undergone by the majority of monthly nurses as compared with that of the medical or surgical nurse had doubtless led to the proposed legislation in regard to midwives. The services of the well-trained nurse, both to patient and practitioner, were described as invaluable, but from their cost beyond the reach of any save the well-to-do; it was therefore hoped that the Metropolitan and National Nursing Association would, while nursing gratuitously the sick poor in their own homes, extend its benefits on payment of small fees to the large class who were obliged from their position to keep up appearances easily maintained during health, but rendering them poorer than "the poor" when sickness overtook them. In conclusion, the President gracefully acknowledged the honour which he esteemed it to be elected to his office, and expressed the hope that the ninth session of the Society would be no less successful than those which had preceded it.

Dr. THUDICHUM read a paper on Ulcerations and Perforations of the Nasal Septum, Osseous, and Soft Palate, and showed nine cases illustrating his paper, as also several specimens, some of which demonstrated the racial differences of development of the nasal cavity. Great stress was laid upon the necessity for early treatment directed towards arrest of ulcerative processes, which if allowed to become chronic almost invariably led to destruction and perforation of the septa. Cases of rhinitis interna, without any dyscratic prodromata, were described and compared with others exhibiting dyscratic symptoms in which perforation of the septum had followed. One case of multiple perforation of the septum after excision of polypi was referred to in detail. The treatment of ulceration by the electro-cautery after the method pursued by the author was advocated as the best means for preventing the supervention of perforation, and the early removal of secretion, with subsequent attention to the maintenance of a free passage through the nasal cavity by means of douches &c. was insisted on as an essential in the successful treatment of the cases under consideration. The relative value of the artificial nose and the plastic operation for the substitution of the nasal appendage by a flap from the forehead was discussed, the author declaring his preference for the former. Dr. Thudichum having exhibited the series of cases illustrating his paper, the discussion thereon was opened by the President, who was followed by Dr. Ball. He regarded the cases of perforation of the soft palate and septum nasi as typical of the various varieties commonly met with. He criticised the diagnosis of the case attributed by Dr. Thudichum to the effects of typhoid fever, and thought that the importance of specific fevers as factors in the causation of perforation had been somewhat exaggerated, and found it difficult to exclude the possibility of inherited syphilis in the cases described by Dr. Thudichum as the result of typhoid fever in the one instance and acute rhinitis in the other.—Mr. CHAPMAN attributed some of the more seriously fetid cases exhibited to the insanitary conditions under which patients of the poorer classes unfortunately lived.—Dr. THUDICHUM briefly replied, and the meeting adjourned.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

THE annual meeting of this Society was held on Oct. 9th, J. Murphy, M.D., President, in the chair.

General Business.—The hon. secretary, Dr. Limont, read the financial report for the year, in which it was shown that there was a balance in hand of £13 0*s.* 10*d.*, and that twenty-three new members had been added to the Society during the session. The Society now had 190 members.

Election of Officers.—The officers for next session were elected as follows:—President: Dr. David Drummond. Vice-presidents: Drs. Murphy, Oliver, Gowans, and Adamson. Hon. secretaries: Dr. Limont and Mr. Rutherford Morison. Committee: Drs. Anderson, Arnison, J. Drummond-Middlemiss, Squance, Peart, J. Smith, and Messrs. Black and Williamson. Mr. Cathrae, librarian to the Royal Infirmary, was appointed secretary. Eight new members were proposed for election.

Retiring President.—Dr. Murphy, in retiring from the chair, referred to the satisfactory work done during the past session. The first monthly meeting of the Society for the session was then held, Dr. David Drummond taking the chair. Votes of thanks were accorded to the retiring President and to Dr. Oliver, who was relinquishing the office of hon. secretary. Eight new members were elected.

Cancer of the Tongue.—Dr. ROBERTSON showed a patient whose tongue he had removed for cancer. The glands were involved at the time of operation, and the disease had rapidly spread in them, but there was no recurrence in the stump of the tongue.

Excision of Astragalus.—Dr. VANN showed a man who in May, 1889, had his astragalus fractured and dislocated by a fall of metal. The bone could not be reduced, and the soft tissues were bruised and very tense; a small incision was therefore made, and the fragments of the astragalus removed. The man was now able to walk twelve or thirteen miles at a stretch without discomfort.

Subclavian Aneurysm spontaneously cured by Sloughing.—Dr. OLIVER showed this case. Two years and a half ago the man was found to be suffering from right subclavian aneurysm, and was treated by iodide of potassium, from which he received considerable benefit and resumed his work. After a time he returned to hospital, and galvano-puncture was employed, with the result that the aneurysm became hard and pulsation disappeared. About this period the arm became paralysed. After a time the patient left the hospital, the aneurysm meanwhile having regained pulsation and become larger. Some months later the patient was carried into hospital in an extremely collapsed condition. On examination a blood-stained non-pulsating swelling was found on his right shoulder, reaching nearly to his ear, evidently produced by the rupture of the sac. Blood oozed in drops from one point of the swelling. Collodion was repeatedly painted over this part. The mass became gangrenous, and was lifted off one night when the patient's shirt was being removed; it was the size of a child's head, and weighed about twenty ounces. Little or no bleeding accompanied its separation. A small ulcer surrounded by an extensive cicatrix was now all that was to be seen in the site of the previous aneurysm.

Spasmodic Wryneck.—A man, suffering from spasmodic wryneck, was exhibited by Dr. LIMONT. The patient (aged sixty-four) had been a miner for forty years, and in hewing coals sat with his head twisted towards the right. For three years, however, before the affection began he had been employed in carrying heavy logs of wood on his shoulder. The movements had been present for a year; the left sterno-mastoid was most affected. The right angle of the mouth was also drawn up, and the platysma biceps and deltoid on the right side contracted from time to time. The patient sometimes staggered, always towards the right; he had great difficulty in getting to sleep. No medicinal treatment had been of any effect, and it did not seem a case suitable for nerve stretching.

Popliteal Aneurysm.—Mr. MORISON showed a case of popliteal aneurysm in a young man where there was a distinct history of injury, and advocated for such cases ligature in Scarpa's triangle.—Dr. Murphy preferred pressure.—Mr. Walter Ridley said he would try pressure, and if that failed would ligature immediately above the sac.—Drs. Vann, J. Drummond, Hume, and Mr. Williamson took part in the discussion.

Sarcoma of Kidney.—The PRESIDENT showed a specimen of sarcoma of the right kidney. The growth had involved and greatly distended the inferior vena cava, and extended up the vessel until it projected into the right auricle. There were no other growths elsewhere.

Paget's Disease of the Breast.—Dr. HUME showed a series of beautiful sections illustrating the pathology of Paget's disease of the breast. The clinical history of the case was peculiar, in that the enlargement of axillary glands and the nodule in the breast developed simultaneously. From an examination of the sections, Dr. Hume was of opinion: (*a*) That the affection of the nipple is closely allied to, if not identical with, epithelioma; (*b*) that the milk-carrying ducts are dilated, and display an overgrowth of star epithelium, which takes the form of tufts or villi; (*c*) that

the nodule in the breast shows an inflammatory, small-celled exudation, and also groups of ducts and acini in which the epithelium is proliferating; (*d*) that the enlarged glands show small-celled infiltration and cancerous structure. He therefore concluded that the growth of the nipple from the beginning is a cancer, and spreads down the duct, that it later bursts through the ducts into the stroma, and then becomes an ordinary cancerous nodule. He therefore recommended in all these cases of obstinate eczema resisting treatment, that the breast be at once amputated, and probably the axillary glands should also be removed.

UNIVERSITY OF DURHAM MEDICAL SOCIETY.

THE presidential address to this Society was delivered on Oct. 10th by Professor THOMAS OLIVER, M.A., M.D., who spoke on the subject of "the medical life, its opportunities and its duties." In the course of his address he referred to various reasons why the medical life should be devoted to study, and dealt with the aims which should guide the exercise of the study. The aim of each should be how best to discharge the duties of the profession so that life may be spared to others and happiness extended. Such an aim brings with it a larger heartedness and a truer nobility of character in the end. Speaking of the opportunities afforded to students at the present, he said: "It is our good fortune to enter upon life in the latter part of a century marked by great activity. We are heirs of the knowledge accumulated by our predecessors. The experimental method in medicine has widened our margin of observation. Nearly a century ago, Galvani, the Professor of Anatomy in the University of Bologna, discovered the phenomena of galvanism. His discovery proved eminently suggestive. To his contemporary, Volta, Professor of Physic in the University of Pavia, Galvani's experiments appealed with marvellous power. Volta set himself at once to investigate the sources of the electricity displayed in Galvani's experiments, approaching the subject from the physical rather than the physiological side, and succeeded in giving to science an apparatus by which current electricity is transmitted in a continuous direction, and he has thus supplied us with the means of increasing our knowledge of the nervo-muscular system. Twenty years after this Sir Charles Bell discovered the difference in function between the anterior and posterior roots of the spinal nerves. Magendie, Muller, Claude-Bernard, and Waller contributed their quota to what we know of the functions of the nervous system. It was a beautiful but a bold stroke, too, that of Helmholtz, which led him to determine the rapidity with which nervous action is transmitted through motor nerves. Armed with that increase of knowledge which bids for acts of greater daring, the brain itself has been attacked by physiologists and surgeons, during life, to ascertain the secrets hidden in its convolutions. And, if a larger comprehension of the nervous system has enabled us to solve many problems that had hitherto been regarded as obscure, in other departments the same advance is noteworthy. The discovery of the vaso-motor centres, and the high-class character of the work of Gaskell as regards the anatomy of the sympathetic system, deserve notice ere we pass to another branch in which considerable progress has been made. It would appear that we are on the eve of some great therapeutical discovery; for Koch has announced that he has discovered a cure for tubercle depending upon destruction of the bacillus. I can scarcely leave the subject of micro-organisms without alluding to the brilliant discoveries of Klein within the last few months. Klein, however, has shown that on the udders and teats of the cow were occasionally found sores, the discharge from which, finding its way into the milk, was probably the source of infection. His experiments have brought to light an interesting series of facts. We have seen that in the human subject diphtheria is mostly a local disease, and that in the cat it is also local, but with a special tendency for lung and kidney to become affected. When the same disease is induced in the cow it would seem as if the germs were diffused throughout the body, for they appear in the milk which is secreted, and here is a circumstance which strongly supports that statement. Two of the cats kept by Dr. Klein took diphtheria, the origin of which at first could not be traced; there was no history of any recent epidemic amongst the cats, and their isolation prevented them becoming infected in the ordinary way. In the same institution were two cows ill with diphtheria, induced by inoculation. Dr. Klein had arranged that their milk was to be thrown away. One of the attendants, disregarding this order, fed the two cats with the affected milk, with the result of causing diphtheria in them; thus was transmitted a truly specific disease from one animal to another, in exactly the same way as it is transmitted from animal to man. Should men despise a position in life, be it what it may, which gives them the opportunities of acting, which obliges them to suffer, and yet gives them the chances of conquering? The child-like spirit of humility is ours that we may at first accept conditions placed upon us over which we have no control; and the spirit of unrest and mental dissatisfaction are ours that, finding ourselves in these circumstances, they become our field of battle, wherein we learn to labour and prevail. To this are your education and your manhood tending. Lifted out of circumstances in life as you have been, it is only that you may find that increased knowledge and opportunity have vastly enhanced your responsibility." Dr. Oliver concluded with the following words: "There are two worlds for you to conquer—one, the world of physical suffering, the other of mental sorrow. Patient and resigned in one that you may transcend the mists and clouds oft created by the other, you will, in a calm and clearer atmosphere, not only find answers to some of the great problems of human life, but, with a soul disciplined by experience, aid others to solve the problem for themselves."

Reviews and Notices of Books.

A Text-book of Physiological and Pathological Chemistry, in twenty-one lectures, for Physicians and Students. By G. BUNGE. Translated from the Second German Edition by the late L. C. WOOLDRIDGE, M.D., D.Sc. London: Kegan Paul, Trench, Trübner, and Co., Limited. 1890.

NO review of any book should be written until such book has been carefully read; but, though this is an axiom, it must be admitted that there are degrees of culpability to be attached to reviewers who do not carry out the rule in its entirety, the measure of which can only be properly adjudicated when the character of the book under notice is taken into consideration. Certainly no reviewer has a right to express an opinion on Bunge's Lectures on Physiological Chemistry who has not made himself thoroughly acquainted with the nature and scope of Bunge's teaching as given in these admirable lectures.

It was at once evident when the first edition appeared in Germany that the publication was the result, not of wide reading merely, but of careful experiment and original thinking, and the features so characteristic of the first edition are much more pronounced in the riper lectures, the subject matter of which appears in the second edition.

In this country—and perhaps this is even more markedly the case in Germany—one is accustomed to regard the text-book as a kind of literary or scientific storehouse into which as large a number of facts as possible should be accumulated, method and arrangement, in many cases, being looked upon as of very secondary importance. This has been partly the cause and partly the effect of systems of teaching that have found favour in various medical schools, and it is only in rare instances that original thinking and philosophic teaching are brought into play to enable the student to grasp principles, by which he may interpret facts, rather than the facts themselves, and which assist him to observe and to think for himself instead of supplying him with a large number of ready-made facts and partly digested mental pabulum.

The book before us is in many respects an ideal text-book, and, although, as one would expect, from the very nature

of the work, and from the mode of treatment of the subject, no physiological chemist will be able to agree with Professor Bunge on all that he has written, it is equally certain that few who do so differ would be able to adduce as clearly and concisely as he does the reasons for their beliefs. The whole book is built up on a basis of accurate work and on a wide knowledge of Physics and Chemistry; whilst it has running through every line a vein of philosophy that must render it of very great value not to students only, but to medical men, whether they are engaged in teaching or in active practice. It may safely be said that no work that has been recently published in the English language will enable the physician to find his bearings, as regards physiological chemistry, so readily as does this of Dr. Bunge. From cover to cover it is full of suggestive reading and of ideas and theories that compel a state of mental activity; and one feels that even the omissions, of which several might be mentioned, serve but to emphasise the honesty of the author and to increase the value of what he has written, for one is assured on noting the omissions that the author, not having had the opportunity of making certain subjects and papers really part of his own work or of his own methods of thought, has decided to leave them to be treated by others. A long list might be given of the subjects treated, and special instances of the defects or excellences as they strike one might be mentioned, but we are convinced that it is preferable in this instance to advise anyone who takes an interest in any of the departments of biological chemistry, either physiological or pathological, to obtain this treatise, and not only to peruse it, but to study it carefully and thoughtfully. Such a work must have far more influence in forming thought and in stimulating observation than any half dozen of the ordinary text-books on physiological chemistry, and any student who is not carried away by its arrangement of facts, by its strong logical reasoning, and its fascinating theorising, is scarcely likely to develop into a biological chemist of the highest order.

One can readily understand what an influence such a book must have had on the original and well-trained mind of the late Dr. Wooldridge, and it was singularly fitting that he should undertake its translation on behalf of busy workers in this country; and although he was unable to complete the work before his untimely death, which robbed British physiology of an able investigator and clear thinker, one, who must have been both companion in thought and helpmeet in work, has completed in a most careful and accurate manner and in a loving and scientific spirit the task that Wooldridge began.

OUR LIBRARY TABLE.

Leçons Cliniques sur les Maladies de l'Appareil Locomoteur (Os, Articulations, Muscles). Par le Dr. KIRMISSON. Paris: G. Masson.—This somewhat bulky volume consists of a series of thirty-six clinical lectures dealing with conditions of bones, muscles, and joints which interfere with movement, and with the appropriate treatment for remedying the conditions. Inflammation, acute and chronic, of the various structures is discussed at some length; syphilitic conditions are fully described, and an important chapter is devoted to the subject of spinal caries with paraplegia, especially in relation to surgical interference. In regard to this the author is inclined to take up a slightly conservative attitude, while fully recognising the brilliant results which have been obtained by English and American surgeons. The book is a valuable record of the experience of a clinical observer, and of the results of a careful surgeon in a class of cases in which benefit is peculiarly satisfactory to both surgeon and patient. Although many cases are described with considerable detail, the lucidity of the style is such as to make the book a very pleasant one to read, and the numerous figures with which the work is furnished add materially to its value.

Cycling and Health (La Santé par le Tricycle). By OSCAR JENNINGS, M.D. Paris, M.R.C.S. Translated from the French of the Third Edition by J. CROSSE JOHNSTON, Brigade-Surgeon, A.M.S. London: Iliffe and Son. Pp. 244.—The author of this little book writes *con amore* on a subject his knowledge of which has evidently been derived chiefly from personal experience. He has the faculty, too, of presenting what he has learned in a lucid and attractive form. That such a book was needed and has been appreciated is evidenced by the fact of its having reached a third edition, and its translation into English will doubtless extend the demand for it. The subject is dealt with in thirteen chapters, in which cycling is compared with other exercises, advice is given to beginners, hints are afforded as to clothing, and misapprehensions are corrected as to the alleged injurious influence exerted by cycling in cases of weakness of the venous system, or of rheumatism or other infirmity. In obesity the author thinks the benefit resulting from the exercise will be in proportion to the degree of intelligence with which it is used, and the moderation in drinking with which it is accompanied. Constipation appears to be readily overcome and kept in abeyance by this kind of exercise, and certain forms of nervous disease are said to be benefited by it. These points are illustrated by examples, either occurring in the author's own experience or quoted from medical writers. Of course, cycling, like other good things, is liable to abuse, and on this head Dr. Jennings offers some judicious remarks applicable to both sexes. The book as a whole is worthy of commendation. It is well written, the translation is all that could be desired, and the type is large and clear.

Health Troubles of City Life. By G. HERSCHELL, M.D. Second Edition. Pp. 87. London: Swan Sonnenschein and Co. 1890.—This work is apparently intended rather for the instruction of the laity than of the profession, and contains much in the way of caution and advice well deserving their consideration. The causes of "health troubles" are considered under the heads of "overwork," "worry," "alcohol," "railway travelling," "irregular meals," and "want of exercise and recreation"—all of them important factors in the "breakdown" so often met with in commercial circles. The cautions against the use of stimulants to relieve the feeling of exhaustion, long fasts between meals, the excessive indulgence in tobacco and in strong tea, the hasty meal and the rush to catch the train, are all judicious, but, we fear, too seldom regarded. "The most important of all rules of health for the man of business is to strictly confine his work to the proper time and place. Business worries should never be imported into the home." But this is a frame of mind very rarely attained. Attention to the suggestions in this *brochure* could not fail to be beneficial to the hard-worked, anxious bread-winner.

Ophthalmic Hints. By A. ST. CLAIR BUXTON, Assistant Surgeon to the Western Ophthalmic Hospital. Pp. 51. London: Whiting and Co. 1890.—This little book gives in small compass the diagnosis and treatment of the affections of the eye commonly met with in general practice. It is a sensibly written work, gives as much as, and no more than, is required by a country practitioner, and is very portable. In speaking of the treatment of glaucoma, the author says: "Operation must be resorted to without a day's delay, or sight may be completely lost." He omits, however, to say what operation, though probably most surgeons know that it is iridectomy to which allusion is made.

La Neurasthénie. Par L. BOUVERET. Paris: J. B. Baillière et Fils. 1890.—This is a valuable contribution

to the study of a disease which is daily becoming more important, and unfortunately also seems to be becoming more common. It is a systematic treatise on the subject dealing with the etiology, symptoms, varieties, and finally the treatment of the condition, and the whole subject is discussed in a manner which is at once scientific and practical. The chapter on etiology is both instructive and suggestive, for the author is inclined to look upon many of what are usually regarded as factors in the causation of the condition as really symptoms of it. The chapter on treatment is little more than a description of the Weir-Mitchell method, and a discussion of some additional means of combating this most troublesome complaint. The book is well worth a careful perusal.

Archives de Neurologie. Vol. XX, No. 59, September.—The chief paper in this number is one from the Salpêtrière by Guinon and Parmentier on a Complication of Sciatica. Disturbance of sensibility with paralysis has been described as a result of so-called traumatic sciatica from injury to the nerves in the pelvis, but in the present paper it is pointed out that a similar complication occurs in ordinary cases of sciatica. The sensory disturbance is chiefly in the region of supply of the external popliteal nerve, and there is associated with it corresponding motor paralysis. Professor Grasset's lecture is continued. There is another paper, dealing with the Paralysis resulting from Charcoal Vapours; there are the usual reviews of nervous pathology, mental pathology, electro-therapeutics, &c., and a short record of the doings of a few societies dealing with neurological subjects. The number is quite up to the average, and the first paper especially is of considerable interest and importance.

Maandblatt voor Zickenverpleging. Amsterdam. No. I. Sept. 15th, 1890.—This is the first number of a monthly periodical devoted to the nursing of the sick, and is the only attempt in Holland to establish a journal on the subject. It is edited by several ladies interested in the matter, among these being the matron of the large general hospital, and associated with them as an advising medical staff are Professor W. M. Gunning and Dr. Deventer. Both of these gentlemen contribute articles to this issue, the latter giving a long and interesting account of the history of the subject from the earliest time.

Dictionary of National Biography. Vol. XXIV. London: Smith, Elder, and Co.—This exhaustive and seemingly interminable work, jointly edited by Mr. Leslie Stephen and Mr. Sidney Lee, has now reached the twenty-fourth volume. We have already spoken of the advantages of having such a work of reference ready to hand, where a condensed biography of any eminent Briton is supplied with references to works which enable the reader to verify and to amplify the information it contains. The present volume includes all names between Hailes and Harriot. By reference to the useful index which accompanies each volume the names of notable musicians, famous architects, and eminent physicians are at once recognised. Dr. Marshall Hall and Sir Henry Halford are undoubtedly noteworthy, and the information regarding them is both extensive and accurate. Biographical sketches of those of the name of Hamilton occupy no less than 106 pages of the volume, the list of those who bear this historical name including mathematicians, soldiers, geologists, diplomatists, theologians, physicians, metaphysicians, naturalists, painters, and poets, to all of whom the due amount of description is allotted. It seems a great mistake on the part of the publishers to present to the public so valuable a work of reference as this with the edges uncut. Attention to this little matter would, we think, be a great improvement. We have derived both instruction and considerable amusement from the perusal of the articles in the present volume.

SANITATION AND THE SEAMEN'S CONGRESS.

THE Seamen's Congress, which met last week at Glasgow, has confirmed, by the resolutions it adopted, all the important points we brought forward in our Special Report on Sanitation at Sea. The importance of this meeting cannot be challenged, for the societies represented are numerous and powerful, and there were not only a large number of delegates from nearly all the principal ports of Great Britain and Ireland, but also several foreign delegates. These latter represented the seamen and firemen's societies of California, New York, Rotterdam, and Antwerp. Mr. Samuel Plimsoll, the President of the Seamen's Union, was in the chair, and throughout was most cordially received. In his speeches he frequently dealt at length with grievances that affected the health of the sailors, notably their food-supply. He related how food considered unfit for the Royal Navy had been sold and supplied to merchant ships. This practice had now, however, been stopped, and the condemned meat &c. was dipped in a chemical solution, so that it should be impossible to sell it for other purposes than that of soap and candle making. This reform had been secured by constantly heckling the First Lord of the Admiralty, and only dates back a few months. There is reason to believe, says Mr. Plimsoll, that a large proportion of the cases of scurvy which so grievously affected the mercantile marine some years ago, arose from the sale to merchant shipowners of meat that had been rejected as unfit for the Royal Navy. Mr. Pimsoll also remarked that when ships carried emigrants the sailors benefit by the inspection of the emigrants' food-supply. It would not do to make any distinction between the food of the emigrants and the crew; but when there were no emigrants, then the supply for the crew was not properly inspected. Mr. Plimsoll also spoke eloquently against cattle-ships, deck-loading, and the bad accommodation on board for the crew.

On the subject of food-supply the following resolution was carried: "That, in the opinion of this meeting, the provisions at present supplied to the seamen of the Mercantile Marine are insufficient, and in many instances unfit for human food, and the meeting urges upon the executive council to suggest remedies for these evils, and take steps to secure that the same supervision be exercised over the food supplied to all seamen in all merchant vessels as that now in force in respect to vessels carrying passengers."

Our contention that the ships were under-manned and that this led to the overworking, especially of the firemen, and this to an extent injurious to their health, is endorsed by the following resolution, which was carried unanimously: "That, in the opinion of this meeting of delegates from branches throughout England, Ireland, Scotland, and Wales, the almost universal practice of under-manning vessels, both in the stoke-holes and on deck, is a fruitful source of loss of life and property, and it is resolved that the executive committee of this Union be instructed to take such steps as may be deemed necessary to bring before Parliament the facts regarding this pernicious practice on the part of shipowners, and to prevail on the Legislature to put a stop to it by legal enactments."

Speaking as to the sanitary condition of the sailors and firemen's quarters, Mr. J. H. Wilson, general secretary of the Union, urged that the forecastles were small and badly lighted, while the ventilation was of the worst possible description. There was at present no means provided of sitting down to have a comfortable meal. The food had to be carried from the galley to the forecastle, and the sailors had to sit on the edge of a bunk with their tin plate on their knees. Nor could they get these tin plates properly cleaned. Some delegates complained that the closet accommodation for sailors was very defective; others of the "sweating iron sides" in the cabins. Mr. Leet, F.R.C.S., of Liverpool, read a paper on sanitary matters as affecting seamen, which we may have some other opportunity of noticing, and the Congress adopted a resolution worded as follows: "That, in the opinion of this meeting, the sanitary arrangements on board ship are most unsatisfactory, and we hereby instruct the executive council to take (at the earliest opportunity) the necessary steps to secure better accommodation and ventilation."

Thus the delegates, who have spent the better part of their lives at sea, by carrying unanimously the above resolutions, bore witness to the grievances which we had previously denounced in our special report on the subject.

THE LANCET.

LONDON: SATURDAY, OCTOBER 18, 1890.

THE organisation of medical relief is a very urgent subject, and one well worthy of the attention lately given to it at a Charity Organisation Conference at Oxford. The medical profession might well take a lesson from the working classes in the matter of organisation. Their friendly societies, their combinations, and their strikes show them to have the faculty of organising. We cannot always admire their methods and the lengths to which they carry them. But half their power of union and their *esprit de corps* would do much to improve the position and the prospects of the medical profession. The trouble of medical relief falls heavily on the medical profession; how heavily it is difficult for the public to imagine. Bodily suffering and sickness have to be relieved somehow at all hours, and it is on the medical profession that the burden falls, in the dead hours of the night and at other inconvenient times. The hospitals have systematic ways. Their out-patient department is open for a few hours a day only. But the general practitioner has no protection from law or custom against appeals for help. His night bell is easily rung, and he himself is "easy to be intreated." We would not see him otherwise. But, on account of the nature of his calling and its liability to abuse, it is highly binding on all persons to see that this abuse is reduced to a minimum, and that something like reason and principle are brought into the discussion of the questions of medical relief.

We do not find much new in the Oxford discussion of this well worn question. But it is not a little to have had the old facts well stated, as they were on the second day of the Conference, under the presidency of the Rev. J. FRANCK BRIGHT, in four papers dealing with the state of matters in Glasgow, Manchester, London, and Oxford, by, respectively, Mr. JOHN T. STRANG, Mr. T. SMITH, Mr. TIMOTHY HOLMES, and Dr. W. COLLIER. According to Mr. STRANG, the amount of medical pauperism, or what is nearly tantamount to it, is much less in Glasgow than the recent revelations of the *Scotsman* show it to be in Edinburgh, where, according to our contemporary, 103,095 out of a population of 236,000 are relieved by the medical charities either gratuitously or for sums which are more calculated to bring medical service into contempt than into respect. Mr. STRANG gives the population of Glasgow as 770,000, and the total number of fresh persons relieved by the medical charities and by rate-supported hospitals was 132,700, or 17·2 per cent., as against the 43 per cent. of Edinburgh. No system of inquiry is conducted by any of the voluntary dispensaries in Glasgow, except the Sick Poor and Private Nursing Association and the Dispensary of the Royal Hospital for Sick Children. He considered the chief causes of the abuse of medical relief to be four: (1) Indiscriminate gratuitous relief to all applicants; (2) the desire of charities to show an annual increase in the number of those treated; (3) an idea that subscribers have proprietary rights; (4) a tendency to create special hospitals for the advantage of ambitious practitioners. The remedies suggested were: 1. Organisation with a central board. 2. A system of inquiry. 3. Subscribers only to recommend cases personally known. 4. The restriction of special hospitals, and their affiliation with other charities. 5. Provident dispensaries. Mr. SMITH, of the Manchester and Salford Provident Society, claimed for the Manchester provident dispensaries that they had reduced the abuse of medical charities from 42·32 in 1880 to 6·89 in 1889. In fact, he maintained that hospital abuse was a thing of the past. But he had to make the damaging admission that they have no wage limit in their dispensary system, which is tantamount to admitting that the provident dispensaries are committing in a way the sin of the hospitals, and giving medical attendance on cheap terms to many who can afford to pay medical men properly. Mr. TIMOTHY HOLMES repeated his well-known views of the out-patient system. He admitted two advantages—the fostering of individual energy and exertion, and the promoting the efficiency of the medical schools; but he maintained that by far the greater number of cases were unfit for out-patient treatment, and should be treated in provident dispensaries. He hopes for the creation of a central body with disciplinary powers analogous to those possessed by other professional bodies, such as the Incorporated Law Society, to oppose and expose dishonest or useless institutions. Dr. COLLIER showed that in Oxford the hospital out-patient department included many who could afford to pay, and urged the adoption of a system of inquiry and a wage limit. He believed that all parties would benefit by the restriction of the out-patient department.

It will thus be seen that the Oxford Conference has added little to our stock of ideas on the great question of how the abuses of our hospital charities are to be reduced. But the very clear enunciation of facts, and the wide publicity they have received through the daily press, will do good service, and will stimulate the Committee of the House of Lords to do their duty and to speak out boldly on evils such as that shown to be identical in places so widely different as Glasgow, Manchester, London, and Oxford. The absence of any effective inquiry into the fitness of patients is monstrous. What would be thought of a Poor-law system which gave relief without inquiry? It would be denounced as immoral and demoralising. It is not otherwise with voluntary charities. Mr. HOLMES is doubtless right in supposing that the out-patient departments contribute to the efficiency of the schools, but such efficiency may be dearly bought at the expense of the medical profession in the first place, and of the demoralisation of the poor in the second. The wide public disapproval of it has been too long disregarded by hospital governors, and we fear we must add to some extent by medical teachers. The Oxford Conference may help to bring about a most needed reform.

THE difficulties which we have frequently pointed out as surrounding the attempt of the University of London to change its constitution, so as to become at once a teaching university for London and an Imperial examining board, were clearly put by Sir WILLIAM TURNER before his Birmingham audience in his address at Queen's College, on the 1st inst., which was published in our last issue.

The provincial colleges have every claim to be heard if it be proposed to settle the grievances of the London medical students and the claims for a university concerned only with the higher education in London in such a way as to deprive those colleges of their legitimate weight in the counsels of the existing University. The existing graduates also have a right to insist that the standard of examination should be efficient, and that the cry which one sometimes hears of degrees on "easy" terms for London students should not be listened to, and these are the considerations on which Sir W. TURNER has laid great stress. With reference to this latter point, we would ask whether he has not made a mistake as to the demands of the London teachers? These are simply that they should exercise a large and real control over the work of the University and its arrangements for examinations, whether a new one be formed or the existing one be so radically altered in its constitution as to grant them this proper and fair share of influence. This demand has been pronounced just by the Royal Commissioners; it is only what has been given to the teachers in Manchester, Liverpool, and Leeds by the charter of the Victoria University, and has always been the peculiar characteristic of the Universities in Scotland. In the latest revised scheme issued by the Senate of the University of London this position has been in principle accorded to University and King's Colleges, and has been accepted by those colleges. The opposition of the Royal College of Surgeons to a more intimate union with the University threatens to wreck the formation of a Faculty of Medicine, in which the other medical schools, as well as those of University and King's Colleges, would be represented, and which would return its representatives to the Senate, and so have a direct voice over the education of the metropolitan medical student. The details, which might require modification as suggested by the Royal College of Physicians, could, we hope, be fairly arranged were not the opposition of the sister Royal College based on so grave a divergence of view as to the position it should take in a reconstitution of the University as to affect the whole principle of reconstruction. So far, the Senate of the University has loyally endeavoured to carry out the recommendations of the Royal Commissioners. It is in reference to the demand for "easy" degrees that Sir W. TURNER seems to have been under a misapprehension. The demand is that teachers associated with independent examiners appointed by the authorities of any new or of the existing University should examine their own pupils. This system has always been adopted in the various Universities in Scotland, at the Universities of Durham, Oxford, and Cambridge, and at the Victoria University. We do not believe that at these examining boards the examinations are so "easy" as to be inefficient, and we see no reason for anticipating that such would be the case in London. We recognise clearly that the assessors to the Teaching Examiners should be absolutely free from any local interest in the examination, and from any interest likely to exert a possible influence on the fate of the candidates. If there has been a cry for "easy" degrees, we have not heard it, and we have been persistently and consistently urging that the grievance of the average London medical student consisted in the admitted fact that he could not obtain a medical degree on terms similar to those on which they are granted in Scotland and in the provincial Universities. The Royal Commissioners have stated that the medical degrees in the University of London are practically "honours" degrees, and the Vice-Chancellor, Sir JAMES PAGET, has made a similar admission. The Royal Commissioners have also expressly declared that this standard ought not to be required for an ordinary or "pass" degree, and we have always urged the same, so that the London student might be relieved of his present disadvantage. Qualifying diplomas from corporations, however high the standard of examination be held, have not the academic value or the weight in public estimation which is accorded to degrees from a university. The objections of the provincial colleges to a preponderating representation of the metropolitan schools on the Senate of the existing University are well founded, and we see no plan by which these objections can be removed, if the scheme of reconstitution is to add to an Imperial examining board,—not only without teachers as such amongst its body, but even jealous of their influence,—a real local university, with the teachers predominant in its counsels. But the metropolis requires what Germany, Scotland, and the provinces already have—viz., a teaching university. If the existing University cannot change its constitution without seriously injuring its relations to the provincial colleges and to the present graduates, the only method by which the difficulty can be surmounted is by the formation of a new university.

Sir W. TURNER forcibly describes the situation thus:

"With its teeming population, its huge industries, so many of which owe their existence and their possibilities of expansion to the progress of science, with its intellectual life, quickened and propagated by the diffusion of knowledge, and the spread of education under the Education Acts which Parliament has passed during recent years, England, at this time, so far as regards the number of her universities, stands only on the same plane as Holland, Belgium, Switzerland, and Scotland, with their comparatively limited populations, and on a much lower platform than Germany. But there is one part of England from which a cry has gone up long and loud for an extended university system, and that is the metropolis itself. London is the only great capital in Europe in which there is no teaching university."

He also points out that the medical and science schools at Birmingham, in reconsidering their position, should the revised scheme of the University of London be passed and a new charter be granted, may become affiliated to the Victoria University; but he suggests, which we think a far better plan, the formation of a Midland University, and we trust that the time is not far distant when local teaching Universities on the Scotch system will be established both in London and in Birmingham. A letter from the authorities of University and King's Colleges to the Lord President of the Privy Council, dealing with the present position of the revised scheme for the reform of the University of London is printed on p. 841.

ON the eve of the publication of the addendum to the British Pharmacopœia, which will take official cognisance of what is already well known, it is very interesting to find that pharmacists have recently been receiving rather a large share of advice from several members

of our profession. Some of it has been directly addressed to them, and some has been in the form of criticism of the ready reception so eagerly afforded to new drugs. The character of the advice seems to be conflicting and perplexing, and yet, although detached sentences appear to show a difference of opinion, we believe that on careful investigation the divergence will be found to be much less than even the speakers themselves would suspect. In all the three addresses we propose noticing here, vigorous onslaught is made upon new remedies: one, because they are often secret and so partake of quackery; another, because the rage for new drugs is absolutely fatal to accuracy of observation and precision in treatment; and the third, because no sooner is a new drug placed on the market than everybody rushes to try it. Mr. LAWSON TAIT'S amusing life-history of "rubbishin" was no doubt very little overdrawn, but his conclusions against new drugs as the "great burden" of our lives scarcely seem to be justified by his fanciful sketch. Dr. BROADBENT, while more guarded in his statements, was no less severe upon the rage for new drugs which seemed to have taken possession of the profession. "When the drugs were recommended simply by an advertising chemist, it was humiliating to see their statements command general acceptance." In spite of Dr. BROADBENT'S cautious reservations, his remarks and those of Mr. LAWSON TAIT might well be understood to discountenance progress, and to discourage all original work outside the comparatively limited circle of familiar remedies. On the other hand, Sir E. H. SIEVEKING, in his address at the opening of the School of Pharmacy, spoke quite as emphatically upon the need of greater energy, perseverance, and research. He remarked that within the last few years we had been indebted to the Continent for numerous remedies which have been employed largely and beneficially in this country, but have not been discovered here. Curiously enough, he instanced one—chloral—which had previously fallen under the ban of Mr. LAWSON TAIT; Sir E. SIEVEKING considered it a matter for regret and for serious consideration that so much of the progress of modern pharmacy should reach us from foreign sources. If they attend to such advice at all, pharmacists might well hesitate how to frame a satisfactory line of conduct. They are urged forward by Sir E. SIEVEKING; they are told practically to work in the old grooves or not to work at all by Mr. LAWSON TAIT. Is all research to be paralysed from the dread of its results receiving the appellation of "rubbishin," or are eager investigations to be continued on the lines followed abroad? If pharmacists be induced to follow Sir E. SIEVEKING'S advice, may they not lay themselves open to the charge of being "advertising chemists" when their results are published, and when they attempt to reap the reward of their labours? In our department headed "Pharmacology and Therapeutics," we publish the experience of practitioners and observers in all parts of the world with respect to the action of well-known drugs, and endeavour to afford aid to our readers in forming an estimate of the value of remedies recently introduced.

The difficulty seems to reside chiefly in a misapprehension of the meaning of terms. In speaking of the *value* of any new drug it is well to distinguish carefully between its therapeutic and its financial value. The latter may be, and indeed mostly is, dependent upon certain purely business considerations, such as the constant presentation of an easily remembered name in attractive advertisements, but the therapeutic value of a remedy is not necessarily antagonistic to its financial value In other words, although advertisement may push into notoriety many relatively worthless substances, it cannot detract from the activity of the many possessed of valuable therapeutic properties. Whether it does more harm than good is another matter. Certainly many medical men instinctively withhold their confidence from new remedies, and the more they are pressed upon their attention the more they feel the dread of being entrapped by another fashionable craze. Still, to take only those mentioned by Sir E. SIEVEKING—chloral, antipyrin and its congeners, and sulphonal,—it may be safely asserted that these have survived their period of probation, but it is none the less true that each in turn has run the risk of being designated "rubbishin." The truth appears to be that undue haste in the publication of results, and undue eagerness to claim priority, will always discredit original research in any direction, and this truism applies most particularly to new remedies. An energetic worker in original fields makes what he believes to be a genuine discovery, and the new substance is immediately dubbed *anti-something*. Subsequent impartial investigations show perhaps that the original claim is as incorrect as the hundred other uses to which the remedy has been hastily applied; and then its fate is sealed. False to its name, false to the statements of the many who have welcomed it purely as a novelty which could be utilised for their own especial hobbies, it is speedily relegated to the limbo of useless matters. Frequently, we believe, this fate is undeserved, and might have been averted by a little more circumspection. There is, no doubt, a disinclination to reinvestigate a substance which has had its day of fashion. It is cast aside in favour of newer combinations, and its properties may have to wait a long time for recognition. Nearly every pharmacopœia has shown indications of curious waves of fashion, of prejudice, and of tardy justice. Remedies pass in and out of the official circle almost mysteriously; the exit, often the result of a temporary lack of appreciation, no more proves the uselessness of a drug than the frequently prolonged hesitation about its admission. It is simply set aside for further work, like a candidate referred to his studies, and if it is of any real worth it will go on presenting itself at intervals of varying length until the knowledge of its power to do good work appears beyond dispute.

The whole question of the future of pharmacy lies in a nutshell. New remedies are not to be decried simply because they are new; they are not necessarily useless because they are advertised, but they frequently receive less than their meed of attention, simply and solely because the first statements concerning their powers are made prematurely. Although for a moment Dr. BROADBENT spoke so strongly of the advertising chemist, the whole tenour of his argument is in entire sympathy with Sir E. SIEVEKING'S wish that the future of research should be more firmly based upon slower methods. It is only by investigations which must be both painstaking and prolonged, and by careful

consideration of every possible source of error before publication, that pharmaceutical results can leave little room for sarcasm and none for scorn.

IT is constantly being brought to our notice, both in the course of our editorial duties and in connexion with the administration of THE LANCET Relief Fund, that a very large proportion of medical men have not availed themselves of the protection afforded by life assurance, and that much avoidable hardship and disaster accrue from this cause. It is probable that this results in part from inattention to the subject, in part from the want of facilities for effecting life assurances in a form exactly adapted to the requirements of medical practice, and in part to the want of generally diffused information concerning the facilities which the existing arrangements of the various life offices are capable of affording. The fact is most regrettable, and with a view to removing, as far as may be, what we take to be its causes, we propose to publish on the 15th proximo a supplement giving the fullest available information upon these points, and placing the whole subject in a compendious form before our readers. In collecting materials for this purpose, we shall of course be guided by what we conceive to be the requirements and interest in this respect of the medical practitioner, and in formulating these we desire to invoke the assistance of our readers. By their coöperation we hope to secure the results of a widely extended and greatly diversified experience showing in what way the life assurance contract may best be so moulded as to meet the precise needs of a gentleman in medical practice. It will be understood that we invite our readers to communicate with us respecting any point which their own experience or observation may suggest, whether it be in the way of remark upon difficulties which they have encountered or facilities which they may have enjoyed in connexion with effecting life assurance policies, or of reference to any noteworthy circumstance that may have subsequently occurred. But the points comprised in the subjoined questions appear to us to be of capital importance, and to them we would invite particular attention.

1. What special advantages or facilities, if any, in connexion with the assurance of your life have you been able to secure by reason of your being a medical practitioner?

2. What form of the Life Assurance Contract do you consider most suitable to the requirements of a medical man?

Note.—In connexion with this question your attention is specially drawn to the following ordinary forms of Life Assurance Contracts:—

A. Whole term with profits. Sum assured payable at death. Premium spread over whole term of life. Rate charged sufficient to provide, in addition to the promised death benefit, for a "bonus" of indefinite amount.

B. Whole term without profits. Similar to the foregoing, except that a lighter premium is charged and no "bonus" is added to the sum assured.

C. Endowment assurance. Sum assured payable on the attainment of an agreed age, or at death if the age be not reached. Rate of premium heavier than in the foregoing cases in proportion to the enhanced value of the benefit.

D. Term or temporary assurance. Sum assured payable only in the case of premature death during an agreed term of years. Light premium in consideration of the contingent nature of the risk undertaken by the office.

We trust that all such of our readers as have any formed ideas upon these important matters will find an opportunity of communicating with us if only in half-a-dozen words. That the object of this preliminary inquiry may be perfectly understood, and the importance of a prompt response generally appreciated, it may be well for us to sketch the course which we propose to pursue. The replies which we may receive from individual correspondents will be treated as confidential and meant for our own information and guidance alone. The substance will, however, be digested and reduced to a compendious form, and a statement of the requirements of medical practitioners, so compiled, will be circulated among the various life assurance offices, and they will be asked to indicate how far and in what way they can respectively meet the case put forward. The replies received from the life offices will form the substance of our intended supplement. We hope in this way to be able to place within the reach of our readers full and authentic information enabling them to perceive exactly where their advantage lies and how they may best perform the important duty of providing for those dependent on them some adequate defence against the financial ruin which too often ensues upon the premature death of a medical practitioner, cut off in the midst of his labours and his years.

Annotations.

"Ne quid nimis."

THE REWARD OF PUBLIC HEALTH SERVICES.

FEW things are more discouraging to those who are engaged in the public health service than the attitude of sanitary authorities towards medical officers of health who have successfully laboured to promote an improvement in the conditions of public health. Since the appointment of such officers became compulsory some eighteen years ago, immense strides have been made in England in this direction; death-rates have steadily diminished, and, above all, the rate of death and of sickness from those preventable diseases which bring the breadwinners to their beds, and often to an early grave, have pretty steadily declined. The prospect of labouring to this end induced a number of successful practitioners to abandon their career in the curative department of medicine and surgery for one in which prevention should be their aim, and they were at times induced to do this because the annual income offered bore some relation to the services required, or because they hoped that if success attended their efforts an addition would soon be made to their honoraria. Unfortunately, the tendency is, almost everywhere, in the opposite direction. Much has, admittedly, been done; but for this reason, say the economists, there now remains less to be done and less to pay for; and the result is that, with a view of pleasing the ignorant, the salaries of medical officers of health, who have devoted their best years to a work which has tended to the physical and material prosperity of their districts as well as of the nation as a whole, are very generally being reduced. The last case of this sort which comes before our notice is that of Dr. J. M. Maclagan, one of the most distinguished of

provincial health officers. On more than one occasion the Local Government Board have resisted the attempt to reduce an income which was always inadequate to the character of the services rendered; but, apparently availing themselves of the plea of a temporary physical infirmity on the part of their officer, a majority of the Hexham rural authority have at last succeeded in gaining their end and reducing the salary in question. The central authority have even now expressed their disapproval of the action taken, and they have only assented to the appointment, under the altered circumstances, for a period of one year. The lesson is one which diplomates in Public Health should carefully weigh, otherwise they will find that, whilst their services are willingly sought and paid for at moments of urgency, they will be as easily discarded when, as the result of skilled sanitary supervision, immediate necessity for special services no longer presses.

PATENT MEDICINES.

IT will be seen by reference to another column that Mr. Hubbard considers that in the article which appeared in our impression of the 4th inst., on the subject of patent medicines, we failed to deal with one important branch of his original argument, which is to the effect that proprietary medicines, as distinct from patented medicines, are by the letter of the law as it stands made subject to the provisions of the Pharmacy Act concerning the sale of poisons. Dr. Luff has also addressed us to the same effect, and both these correspondents contend that the exemption of "patent medicines" in Section 16 of the Pharmacy Act does not cover secret preparations. The point is one that can only be settled by judicial authority, and we believe that it has never yet been raised in a court of law. That being so, it is evident that the expression "patent medicine" in the Pharmacy Act has by common consent and for a long period being taken to include all medicines liable to stamp duty, and this is a fact to which any tribunal deciding on the meaning of the words would of necessity attach considerable weight. Then, again, the expression "patent medicine" is in itself loose and inexact. Mr. Hubbard thinks that it means a medicine protected by letters patent, and he may be right. But when such medicines have been unequivocally alluded to in Acts of Parliament it has been by some precise form of words such as the foregoing. The expression used is susceptible of a totally different construction, which does not refer in any way to letters patent—namely this, a medicine the uses and virtues of which are patent to all the world from the recommendation and directions under which it is sold. This, it will be observed, is in substance the test used to determine whether a given preparation is subject to stamp duty or not. And this definition makes the expression "patent medicine" substantially equivalent to "nostrum" or "specific." Upon the mere verbal question, therefore, we feel some difficulty in accepting the position taken up by our correspondents; and when we consider the consequences which they deduce our difficulties are multiplied. As matters stand, there is no question that certain persons are licensed under statutory powers to prepare and sell medicines, the mode of preparation of which they allege to be their own secret. Such licences are quite inconsistent with the provisions of the Pharmacy Act, unless the articles in respect of which they are given come within the exceptions from that statute. It seems a very strong thing to say that the Legislature intended to invalidate a large number of existing licences and involve a great number of licensed traders in a constructive liability to penalties under the statute, and effected this purpose by the strict use of an expression of ambiguous meaning, and popularly understood in a wider than its legal sense. We think that any tribunal in the land would recoil from such consequences, and, therefore, although on an open question like this opinions may fairly differ, we do not at all expect to see the point decided in the sense for which Mr. Hubbard contends.

EFFECT OF CERTAIN SUBSTANCES ON THE RED CORPUSCLES.

M. MAYET of Lyons read an interesting paper at the recent meeting of the French Association for the Advancement of Science, in which he gave an account of the effects of various neutral salts and of chloral on the red corpuscles of the blood. Solutions of the strength of 1 or 2 per cent. of chloride of sodium, chloride of potassium, sulphate of soda, phosphate of soda, bicarbonate of soda, and sulphate of magnesia all at first temporarily destroy the elasticity of the corpuscles, and then dissolve or disintegrate the stroma. Solutions of the strength of 5 per cent. or more diminish the size of the corpuscles and harden them. The chloride of sodium has the most preservative primary action, but is most destructive on prolonged contact. As is well known, it has been recommended for washing the blood (in a 0·6 per cent. solution) in certain cases of poisoning. Sulphate of soda has a great tendency to preserve the chemical properties of the corpuscles, but makes them much more rigid than does chloride of sodium. It is not suited for intravenous injections, but is very useful in the laboratory for washing the corpuscles before preparing hæmoglobin from them. For this purpose it is better than the 3 per cent. solution of chloride of sodium, which is commonly employed, but which has a considerable tendency to dissolve the corpuscles. Chloride of potassium has a great preservative action, but cannot be used for intravenous injections owing to its toxicity. Carbonate of soda in weak solutions is very preservative. Phosphate of soda in weak solutions renders the corpuscles rigid for a long time; it preserves their form well, and so is useful in diluting the blood for the purpose of counting the corpuscles. Sulphate of magnesia does not dissolve them, but changes their shape more than any of the other salts. Hydrate of chloral is very destructive to the corpuscles when it is in a concentrated solution, but not when it is of less strengh than 5 per cent. Intravenous injections of the latter, which may be repeated several times daily, are very valuable in tetanus, in uræmic convulsions, to calm the violent spasmodic attacks in rabies, and in some painful diseases where hypodermic injections of morphia are inefficacious or badly borne. Of course the effects on the heart, respiration, and urine must be carefully watched.

THE DUTIES OF A COUNTY HEALTH OFFICER.

DISAPPOINTMENT has been occasioned to some by the objection of the Local Government Board to sanction the employment by the Essex County Council of Dr. Thresh as "medical officer of health for the purpose of collating the reports of the local medical officers of health and reporting generally thereon to the Council quarterly through the committee." It is true that this is an advance on an original proposal that mere statistical compilation should be the duty of the new county officer, and it is equally true that material valuable for county purposes would result from Dr. Thresh's labours in the somewhat enlarged sphere now proposed. But it is impossible not to feel that there is much in the contention of the Local Government Board to the effect that the appointment of a county health officer for such limited purposes as are proposed for the county of Essex cannot be regarded as a proper compliance with the terms of Section 17 of the Local Government Act, 1888. Some of the appointments which have been professedly made under that section can

only tend to lower the status of a county health officer, and to deprive the county of one of the benefits which the Act was intended to confer. Thus, two neighbouring counties present an extraordinary contrast in this respect. In one we find an appointment at £800 a year, and a beginning of skilled inquiry and activity for county health purposes; whereas in the other a health officer already fully occupied elsewhere makes a compilation of other health officers' reports for £10 a year. Only a few days ago the President of the Local Government Board urged on County Councils the need of considering all representations, complaints, or information forwarded, or submitted to them in connexion with the powers conferred on sanitary authorities for the closing and demolition of insanitary dwellings. This question is one of a number needing skilled medical investigation and judgment, but it would find no place amongst the limited duties which some counties are satisfied to have asked of their health officers; and it is doubtless with a view of securing a full performance of such duties as should properly devolve on a county medical officer of health that the Local Government Board show their disapproval of the action of certain counties in this matter by withholding their assent in cases where that assent is needed to the proposed appointment. We trust that in the case of Essex proper steps will be taken to secure the services of a medical officer of health without such restrictions in point of duties and remuneration as are involved in the present proposal.

THE FEVER EPIDEMIC ON TEES-SIDE.

WE learn that the epidemic of enteric fever in the district of the river Tees still continues. Having been once set up, the removal of the initial cause, even if effected, would doubtless not suffice to stay the progress of the infection; sewers, drains, closets, &c., tending to its further dissemination. The evidence, so far obtained, goes to confirm the view that the Tees water led to the distribution of the disease, and Mr. Blandford, in reporting on the subject to the Stockton rural authority, has stated that there were no cases in the district except where the Stockton and Middlesbrough water was consumed. Darlington, which has also been affected, has, as before explained, an independent supply from the same river source. It is stated locally that chemical analysis of the water does not justify the view as to the source of the disease which is held by Dr. Barry and other medical inquirers into the circumstances of the epidemic; but it is obvious that no results, chemical or bacteriological, obtained from examination of samples of water collected after the commencement of the epidemic can have any direct bearing on the question whether the river water contained anything calculated to lead to enteric fever some ten to fourteen days before the persons attacked first sickened with the disease. And, apart from this, we know that typhoid excreta can be added to potable water, and yet fail to be detected by skilled chemical experts.

PASSAGE OF TUBERCLE BACILLI THROUGH THE INTESTINAL CANAL.

SOME interesting experiments have lately been made by Zagari on dogs fed with tubercular food. These are interesting from two points of view. First, that our knowledge of the action of the digestive juices on the tubercle bacillus is small; and secondly, that tubercular processes as affecting the dog have been little studied. Dogs were fed on sputum which had been proved to contain large numbers of tubercle bacilli. After the course of from ten to twenty hours the bacilli were detected by means of the usual colour tests in the fæces, and continued to occur for two or three days, occasionally five or six days, after the tuberculous material had been removed from their food. The dogs continued healthy and entirely free from signs of tuberculosis, although the sputum was mixed with their food for some time, and meat known to be tuberculous was also given. Experiments were now made to endeavour to ascertain what substances in the digestive tract prevented the growth of the bacilli. The bacilli found in the fæces were shown by inoculation on other animals to be virulent. It was also demonstrated that washings from the stomach also contained active germs. Although the food was allowed to remain in the stomach for three or four hours before being washed out, yet the organisms were not entirely destroyed. After six hours' stay in the stomach inoculations on guinea-pigs still produced tuberculosis, but their action was delayed. After from seven to nine hours a local infection only was the result, and after from eighteen to twenty hours no effects at all were noticed. An interesting point in connexion with these results is that the gastric juice of a dog contains a higher percentage of acid than in man. As the analysis of the contents of the stomach did not explain why the dogs did not become tubercular, the further course of the bacilli was next investigated. It was shown that the bacilli found their way out of the intestinal canal into the tissues, for the blood of the dogs was proved to be infectious—that is to say, produced tuberculosis when inoculated; the same effect was produced by the lymph from the thoracic duct; also by portions of the liver, when introduced into the peritoneal cavity of a guinea-pig. When portions of the tissues were examined microscopically the result was negative. A few bacilli, however, were found in the spleen. When young dogs were fed with sputum they died, not of tuberculosis, but of a form of "intoxication." Further researches on dogs were then made with pure cultures of tubercle bacilli. When inoculated under the skin a local affection was the result, which usually ran a favourable course. When the injection was made into the pleura a local pleurisy and tubercular disease of the lung were produced which proved fatal. When intravenous injections were tried the results were again negative. The bacilli obtained from the fæces as described above, although virulent, had lost some of their vitality. Pure cultures exposed to a temperature of 55° C. for eight days were not destroyed, whilst the bacilli from the fæces were killed after an exposure of five days. Again, if these bacilli were dried, after from sixty to ninety days they were no longer infectious, whilst Ichill and Fischer have shown that bacilli in pure cultures retain their virulency for a far longer period than this.

A "PUBLIC MORTUARY."

THE vestry of the parish of St. George, Hanover-square, have recently provided a mortuary for the parishioners as a resting-place for the dead between the time of death and burial. We are informed by the Sanitary Committee that this "public mortuary" near Ebury-bridge, Pimlico, is now open, and we have been supplied with a list of rules ostensibly for the purpose of "regulating its use." We select the following for observation. It is required, for instance, that "application for permission to deposit a body in the mortuary shall be made at the Vestry Hall, Mount-street, between the hours of 9 and 2 on Saturdays and 9 and 5 on other days. If the use is required on Sundays notice must be given before 2 o'clock on the previous day." It is ruled that "no body will be allowed to be brought into the building or removed from it except between the hours of 7 and 9 in the morning, and at night within half an hour after the registered hour of sunset." "No post-mortem examination will be permitted to be performed in the building," and "no body when death was occasioned by suicide will be allowed to be received into the mortuary." So many restrictions of this kind seem to render the use of the building a very troublesome under-

taking so far as the friends and relatives of the defunct parishioner are concerned. What object other than unnecessary trouble can possibly be served by preventing a post-mortem examination from being conducted in the building we cannot perceive. Nor can we discover an adequate reason for excluding from a suitable "resting place for the dead" the cadaver of the unfortunate one who has compassed his own death. By so limiting the conditions under which the mortuary is available the vestry favour the impression that, so far from "regulating its use," they are desirous of preventing its employment altogether.

STERILISED MILK.

SO-CALLED "sterilised milk" by no means always deserves its name, in some cases being much fuller of germs than ordinary unboiled milk fresh from the cow. Herr Kohlmann of Leipsic, on subjecting two specimens of milk sold as sterilised to examination, found that one of them really was so, no germs being discoverable; while the other specimen contained 350,000 germs per cubic centimetre. For the purpose of comparison other examinations were made, and it was found that a sample of fresh milk bought in the street contained about 160,000 germs per cubic centimetre—that is to say, less than half the number in the second sample of so-called sterilised milk. Milk boiled in the kitchen contained 158 germs per cubic centimetre; distilled water kept in an open vessel, 430; waterworks water, 1064; and water from the Hofbrunnen, 12,000. Herr Kohlmann suggests that the failure of whatever process was used to sterilise the milk may have been due either to water having been mixed with the milk before the process was commenced, or perhaps to too long a time having been allowed to elapse between milking and sterilising. This last point exercises a very great effect, as is shown by Freudenreich's observations. He found that milk which when received contained only 9300 germs to the cubic centimetre, after being kept for three hours at 60° F. contained 10,000; after six hours, 250,000; and after twenty-four hours no less than 5,700,000. It would therefore appear that our knowledge of the conditions under which milk may be really sterilised is at present somewhat insufficient, and that reports of the results of the feeding of infants with milk which is reputed to be sterilised must always be received with a good deal of scepticism unless specimens of the milk have been frequently examined by a competent person.

THE SANITATION OF WORKMEN'S DWELLINGS.

A UNION has been formed in the East-end of London for promoting the proper sanitation of workmen's dwellings, and proposes by combined effort to enforce the observance of the provisions of the various Acts of Parliament which bear on this important subject, and to supplement and stimulate the action of the sanitary authorities. With such objects in general we have the most cordial sympathy, and we are, moreover, exceedingly glad to see that the working men themselves are taking this matter up. It is one that eminently pertains to them. Although individually they are unable, from the conditions under which they live and occupy their dwellings, to make as good terms in this respect with landlords as their wealthier neighbours can secure, they can, if they choose, in combination achieve all that it is possible to accomplish in the direction of improving the sanitation of the workman's home. If, therefore, the movement is wisely guided we do not doubt that it will accomplish much good, for there is certainly abundant scope for its operations. But if unwisely handled it may do equal harm, and harm not only to society at large, but also to the specific interest which the union is formed to promote. The copy of a circular prepared for use by the society which we have received gives us some little apprehension on this score. We notice with regret that it is framed to convey to the landlord, to whom it is addressed, a vague and general intimation that his house is in an insanitary condition, and not any complaint of a particular defect. Furthermore, it is couched in somewhat bellicose language, and eminently calculated, we fear, to provoke defiance on the part of the recipient. These are perhaps minor matters in themselves, but when it is considered that the union is addressing itself to a work of unusual delicacy as well as of uncommon importance, such questions of form and manner will be felt to be important. The best way of accomplishing a given result is usually the one that overcomes the least resistance, because it encounters least. If the promoters of this most worthy object will allow us to counsel them, they will take the greatest pains not only to prevent their machinery from being made the instrument of oppression—to that we are sure they will be perfectly alive,—but also to prevent it from becoming a source of any unnecessary or avoidable irritation to those upon whom they propose to exercise jurisdiction.

PHARMACEUTICAL EXAMINATIONS.

IN the course of the inaugural sessional address to the Sheffield School of Pharmacy, Mr. W. Martindale made some very pertinent remarks upon the little time devoted to the qualifying examination—the Minor. The shortness of the curriculum had previously excited comment within the walls of the Pharmaceutical Society, but this is a small matter compared with that raised by Mr. Martindale. He says that a candidate can pass this examination and become a fully fledged chemist and druggist in less than two hours and a half; and that, on the other hand, he may be plucked in half an hour. He complains that this is unjust to the candidates and opposed to the interests of the public. He holds that part of the examination should be conducted in writing, and that the pass examination should be extended over at least two days. This appears to be a sufficiently reasonable and modest demand. To give satisfactory results it is essential that there should be a fair proportion of practical work performed in the presence of the examiner, and this requires more time than is at present expended.

THE AUSTRIAN CENSUS.

IN accordance with the permanent Census Act passed in 1869, the third decennial census in Austria will be taken on the last day of the present year. In Hungary a census will also be taken on the same day, but under a separate organisation and on a system somewhat different from that adopted in Austria. The Hungarian system involves a separate ticket for each individual, whereas in Austria the household schedule system has hitherto been adopted. It is said that the single ticket system would have been also adopted in Austria at the approaching census, had it not been that this would have necessitated a new Census Act which should prescribe precisely the method that shall be employed for taking the enumeration. The Austrian system is almost identical with the English plan. The householders' schedules, relating to the enumeration on Dec. 31st next, will be filled up by the householders, and are to be collected on Jan. 3rd; two days later they have to be delivered, together with a village or communal summary, to the district authorities, who in their turn must hand over the returns they receive with a district summary to the provincial authorities, who forward the returns for each province, with an abstract, to the Statistical Central Commission in Vienna. The Central Commission has to collate all the provincial returns and summaries, and publish what in England is called the preliminary report. It is provided

that all these provincial summaries shall be sent in to the central office by the beginning of February, together with the original data, in order that the preliminary report, embracing all the local summaries may be published not later than six weeks after the date of the census. The central office, immediately that this unrevised summary is published, proceeds to revise the figures in all the local summaries for publication in the full and detailed census report. A Vienna correspondent of a contemporary reports that the Austrian census inquiry includes a far wider range of questions than will be the case in the approaching English census. Among the subjects concerning which the Austrian will be questioned, and which lie outside the scope of the English census, may be mentioned religious profession, language, education, and agricultural stock and produce. It is also provided that each enumerated male person born between 1871 and 1881 must be prepared to produce a certificate of his birth for military purposes. It is stated that the Central Statistical Bureau will employ a staff of 350 persons for tabulating the revised totals, and has undertaken to commence publishing the revised figures by the end of 1891, and to complete the publication of the final report by the end of 1892. It appears to be contemplated to adopt the Hollerith system of electrical tabulation in the Austrian Census Office, which is now being used with marked success in the United States Census Office at Washington. This system of tabulation implies the necessity for transferring the enumerated items of information concerning each individual to separate cards specially punched for the purpose. When, however, this process is once completed, the rapidity and accuracy of tabulation open up possibilities in that direction which could not even be dreamed of under the old-fashioned system of tallying by ticks. It is to be regretted that no intimation is given that this new system of electrical tabulation is to have at least a trial in the English Census Office, which will now shortly be opened in Whitehall.

ENTERIC FEVER AMONGST THE TROOPS IN BERMUDA.

THE information received through Reuter's agency of the occurrence of several deaths among the men of the 2nd Battalion of the Grenadier Guards from enteric fever has been officially contradicted by the following telegram from the Governor of Bermuda: "No serious outbreak of fever amongst the Guards. No case at head-quarters, St. George's. Five cases at Boaz; all doing well. Only one death from fever since arrival." This cannot be considered an alarming number of cases in a regiment chiefly composed of young soldiers, and arriving at Bermuda in the middle of summer. On examining the Army Medical Department reports for the ten years preceding 1889, we find the admissions into hospital for enteric fever to have averaged 25·57, and the deaths 4·44 per 1000 of strength annually. But there was a very marked difference in the prevalence during the first as compared with the second five years, the average for 1879–83 being 9·88 cases and 1·90 deaths, while for 1884–8 it was 45·93 cases and 7·73 deaths per 1000. In the first period the ratio was exceptionally high in 1880 in the 99th Regiment, which had arrived early in the year from South Africa; but it was still higher in every year of the second period, and especially in 1888, the last for which any report has been published. In that year the admissions amounted to 95·1 and the deaths to 13·37 per 1000, and occurred chiefly in the 1st Battalion of the Leicestershire Regiment, which landed from England in the end of September. In the next three months that corps furnished no less than 109 cases and 17 deaths from a strength of about 860 men. The great prevalence of the disease in the last quinquennium has been at Prospect Camp, and although every care has been taken to investigate the cause of the marked increase, no satisfactory solution has been found. Defects in the drainage and water-supply of the camp have been remedied, but the sanitary condition of the town of Hamilton, its water-supply, and the milk and aerated waters sold in it are all stated to be most unsatisfactory. It does not appear, however, that any marked change took place in these conditions in 1884, when the increase of enteric fever began. In 1888 a special committee was appointed to inquire into the sanitary state of Prospect Camp and barracks, and to endeavour, if possible, to trace the cause of the epidemic, but it did not arrive at any satisfactory results. We do not find that anything was done, or recommended, beyond an improvement in the drainage of the camp and an increased supply of water for flushing; nor was any probable cause assigned for the outbreak. As no report has yet been published for 1889, we have no means of knowing to what extent the epidemic which began in the autumn of 1888 prevailed in that year, or whether it had entirely ceased before the Guards were sent out. But we infer that it had, or probably a much greater number of cases would have occurred among them than is stated in the Governor's telegram. The returns for the decennial period show that there has always been an increase in the disease closely following upon the arrival of fresh troops in the command, and that the newcomers have been the sufferers.

MEDICAL SOCIETY OF LONDON.

THE 117th session of this Society will commence on Monday next, October 20th, when the President, Mr. Knowsley Thornton, will deliver an address on the "History of Ovariotomy." During the recess the Society's rooms have been much improved by the installation of the electric light and the fitting up of a new book-case and desks in front of the president's chair. The book-case was presented by Dr. Theodore Williams, and a new chair for the president by Dr C. D. F. Phillips. The space in the library available for clinical evenings has been much increased by the rearrangement of the book-cases, and a special electric lead has been fixed in the meeting-room for the use of those Fellows who may wish to illustrate their papers by the magic lantern.

DEATH OF A CHILD UNDER CHLOROFORM.

AT one time it was believed that women in childbed and children enjoyed an almost complete immunity from the danger of death the result of chloroform inhalation. More extended observations have shown that children of even tender years succumb. A death of a child aged ten occurred last week at the Royal Berks Hospital, Reading. The patient, described as being in perfect health, was admitted for an operation for the relief of knock-knee. The anæsthetic, according to Mr. Maurice, the surgeon who operated, was given with great care and skill by an experienced assistant house surgeon, and the operation duly carried out. After its completion the child suddenly became faint and in a dangerous condition. Artificial respiration being tried, natural breathing was resumed, but the heart's action remained unsatisfactory, and the patient finally died from cardiac failure. Injections of ether were tried without avail. The child had been examined before the administration, and pronounced healthy. We are not told whether in this case Nélaton's inversion method was tried; it certainly is of great value in primary heart failure, and in the case of children is easily put into practice. The question of the infrequency of death under chloroform in the case of children is held by some observers to be influenced (1) by the less psychic fear of the anæsthetic, and (2) by the physical condition of the patients, whether

well-fed or emaciated and poorly nourished. Certainly children express great fear at the time of the anæsthetisation, but the fear is not the dread of death experienced by the adult who has read of fatalities under chloroform; while, even the children of the poor, unless suffering from disease causing lardaceous change, are not so unfavourably placed with regard to chloroform as those adults who, with fatty hearts and organic disease of kidneys or other organs, are heavily handicapped in the struggle for existence. In the case, however, which we have given above, the child appears to have been in good health, the operation was not one giving rise to much shock, and the administration was skilfully performed, and yet the child succumbed, the cause of death being heart failure.

CHOLERA INTELLIGENCE.

THE information as to cholera in Spain during the current week has been extremely sparse, and no statistical data are available which would enable a judgment to be formed as to the present state of the country in respect of this disease. The occurrence of some cases of cholera at Barcelona has led Gibraltar to impose quarantine against that port. Two cases are also alleged to have taken place at Xeres. In France there has happily been no spread beyond the two cases at Lunel and Mars. M. Henri Monod, of the Ministry of the Interior, declares the country to be absolutely free from the disease. In the East cholera is still maintained, and as regards Aleppo, it is stated from Cyprus that the attacks number fifty a day. The disease has also shown itself at Hamah, another of the large Syrian inland towns, and hence the quarantine restrictions imposed on arrivals from the Gulf of Alexandretta have been extended so as to include all ports southward as far as Tripoli, and places along the coast between Tripoli and Beyrout, but not including that town.

THE ROYAL COMMISSION ON TUBERCULOSIS.

MEETINGS of this Commission were held on Sept. 24th and on Oct. 10th. The deliberations of the Commissioners were at first, we understand, directed to an inquiry into the present position of the law on the subject of unhealthy food, and skilled witnesses have been called to state their opinion on the present aspect of the question of tuberculosis in its relation to food-supply from a scientific point of view. It is to be hoped that the Commissioners will give a definite pronouncement upon the vexed question as to how far the apparently healthy-looking flesh of a beast suffering from localised tuberculosis is dangerous as an article of food. That all products of beasts the subjects of generalised tuberculosis are infective has been already many times proved to the hilt.

OUR ATMOSPHERE.

THE prevalence, till within a few days ago, of a season resembling the Indian summer of the American continent has not preserved us from the inroads of disease usual during the decline of the year. The mild but somewhat close and moist atmosphere has had its part, no doubt, in the production of conditions favouring the development of typhoid and scarlet fevers, both of which have lately been prevalent. Then, by way of change, we have been surrounded by the sombre fog which is to London like its winter clothing. Already, too, there come with it the familiar forms of its diseases. The aged and the children have exchanged their breath with its loaded gases, and have suffered in consequence. Why is it? What is there in the fog to work this mischief? Not mere vapour density, we can safely say, but this with something more. No doubt the associated influences of chill and of stagnant atmosphere have wrought their share. In their encouraging presence the various miasmata of the city and its river have hovered among and have clung to us, and along with them their imperfect purifiers, the myriad irritating particles of half-burnt carbon. There can be no doubt that much of the chest disease engendered in a fog-season is due to these and their allied gases. Such an atmosphere, then, is the fog, one which both stimulates and embarrasses the breathing function, induces in weakened lungs their characteristic hurry and fatigue, and thus exposes them to graver maladies. The cure of these is in the cure of fog itself, and this, we fear, our own day will never clearly see. Palliatives we may even now obtain in household warmth, fireside ventilation, and the like, but the greatest effort of reform is, to most of us, known only by suggestion, as a project for the consumption of smoke at the very hearth whence it rises. A beginning has, indeed, been made, and successfully, in certain manufactories, but we look for a far wider application of this principle alike in all such and in private dwellings before we can count on parting with the ills and and inconvenience of our still too familiar fog.

THE LONDON COUNTY COUNCIL.

THE London sewage question was again opened out at the last meeting of the County Council, the occasion being the recommendation of the Main Drainage Committee to effect its removal by a large twin-screw steamship, and deposit it in the ocean bed far out at sea. Of course, this is a ready method enough of dealing with the question; but it did not commend itself to all the members of the Council. Many of them wanted time to consider the proposal, and to have the matter referred until Sir Benjamin Baker had issued his report. Mr. John Burns, on the other hand, pointed out that whatever the remedies proposed might be, this was a matter which called for prompt action, as they could not allow "London to stink, to gratify the fads or theories of one or two gentlemen, as against the opinion of their own officers." He agreed that the present system was only playing with the sludge problem, but, although they had £4,000,000 or £5,000,000 at their disposal for the purpose of placing the sewage on the land, they could not do that to-morrow or next year, and they could not in the meantime do without the present system. On a division being taken, the view of Mr. Burns was supported, and the recommendations of the committee adopted. At the same meeting the Parks Committee drew attention in their report to the property at Bostall Heath, which Sir Julian Goldsmid was willing to sell. This matter, however, after the protest of several members, was allowed to stand over.

SOME LESSONS OF THE RECENT FIRE IN THE CITY.

SOME of our most valuable training comes to us through bitter experience, and there is this about the lessons learnt in the school of adversity—that their impressions are usually permanent. The circumstances attending the recent disastrous fire in Smithfield will not soon be forgotten. We may also venture a belief that its messages of warning will be found of service in time to come. In the published accounts of this catastrophe, which has already cost the lives of eight persons, it appears that a highly inflammable substance (naphtha) was kept in large quantity and was freely used in the very midst of the building attacked, and that the fire was directly due to its ignition. Once ablaze, it spread with such phenomenal rapidity as to render practically useless the most efficient efforts to prevent its ravages. The chief deduction to be drawn from this event clearly is that matter so inflammable should not be stored in large amount in any factory or workshop, and,

if required for trade purposes, should be kept and used at the top, not on the lower floors, of the building. Had this precaution been observed most, if not all, of the lives lost in the present case would have been saved. The use of protected lights by workmen handling inflammable matter would further increase the security thus provided for.

POPULAR IGNORANCE OF SANITARY RULES.

TO medical practitioners the ignorance and apathy displayed by many persons in the presence of infectious disease are indeed surprising. The indiscriminate use of dwelling-rooms by the sick and healthy, and the glaring ignorance often exhibited in the use, or rather the misuse, of disinfectants are far from encouraging to believers in popular sanitation. Neglect in these particulars is unfortunately of too common occurrence, and such an incident as the employment of a carrier's cart as an interim hearse for the victims of diphtheria is probably not unique. It is not indeed a very striking example of its kind, for diphtheria is a disease rather of contagious than infectious property. Certainly its influence in this latter respect, though it cannot be excluded, is not to be compared with that of the exanthemata. Experience forbids us to doubt, however, that a disorder of the latter class would have been accommodated with equal readiness by some carmen in the vehicle usually devoted to the service of provision dealers. The local sanitary authority where this mismanagement occurred were therefore well advised in interfering with the too willing service of the self-appointed undertaker. There are silver aspects on many clouds, however, and we must not forget that, in spite of contrary indications like that above mentioned, signs are also met with which prove that even among the poor the sanitary meaning of cleanliness, ventilation, wholesome drainage, and water-supply are not wholly misunderstood.

SHORTHAND EXAMINATION FOR MEDICAL STUDENTS.

IN our advertising columns will be found a notice of an examination to be conducted under the auspices of the Shorthand Medical Society. It is the object of the Society to popularise the use of shorthand amongst medical students, and with this end in view an examination will take place in the Examination Hall, Thames Embankment, on Friday, Oct. 24th, at 4 P.M. The examination is divided into two portions. The first is devoted to general proficiency in shorthand, and is intended for students commencing their first winter session. The second part consists of an examination in the method of using the art in epitomising lectures, in taking notes of cases, dictated at speeds varying from 60 to 100 words per minute. The candidate who is first in either branch will be entitled to a prize of books or instruments to the value of £5. The members of the Executive Committee are Sir Dyce Duckworth, chairman, Dr. Gowers, hon. treasurer, Dr. Coupland, Mr. Howard Marsh, and Dr. Abraham Wallace, hon. secretary, from whom further information may be obtained.

THE NOTIFICATION OF DISEASES ACT.

IT is curious to notice the discussions on the adoption of this Act in different parts of the country. In London here, with all our fancied advantages, we do not enjoy the liberty of the provinces. We were enjoined by legislation to take the Act whether we liked it or not. Other towns were left to their own sweet will. Newport, Isle of Wight, has just rejected the proffered boon by one vote. The debate occupies four columns of the *Isle of Wight Express*. The proposition to adopt the Act was supported ably and moderately in a speech by the proposer, Alderman Eldridge. The most noticeable point in the controversy is that all the medical men of Newport, with one exception, approved the proposal. This gentleman's reasoning was somewhat peculiar—viz., that the sanitary measures already taken had been so effectual that no further benefit could be obtained by adopting the Act. We did not know that the millennium had been so nearly realised even in the Isle of Wight, for in its health reports we read of typhoid fever, diphtheria, scarlet fever, &c. The old argument of interference with personal liberty of course was well trotted out, as if all legislation were not a restriction of personal liberty for the good of a greater number of persons. The medical officers of health were of course chaffed and rated. Dr. Groves especially was diagnosed to have sanitation on the brain. But he will survive that, and we may not doubt that the minority of one will ere long be converted into a majority of more. The Isle of Wight is a health resort, and is nothing if it is not above suspicion in health matters.

NEW ENTRIES AT THE MEDICAL SCHOOLS.

THE following is a list of the entries for the current year (1890–91) at the various metropolitan and provincial medical schools from which returns have been received, together with a column showing the total entries of last year (1889–90):—

	First Year.	Occasional.	Total.	Total for 1889–90.
St. Bartholomew's	127	27	154	145
Charing-cross	66	14	80	60
St. George's	—	—	—	33
Guy's	101	31	132	144
King's College	30	57	87	78
London Hospital	59	30	89	115
St. Mary's	33	14	47	63
Middlesex	58	59	117*	111
St. Thomas's	65	34	99	112
University College	67	21	88	154
Westminster	21	2	23	34
Birmingham	41	32	73	87
Newcastle-on-Tyne	35	17	52	63
Owens College, Manchester	86	32	118	—
Yorkshire College	35	4	39	—

* These returns are not yet complete.

It is interesting to observe the number of students who have joined the classes at the various schools for the Preliminary Scientific Examination of the University of London. They are as follows: University College, 65; King's College, 10; St. Mary's, 5; St. Thomas's, 7; Guy's, 16; Owens College, Manchester, 37; and the Yorkshire College, 15. Taking into consideration the large number of such students in St. Bartholomew's Hospital and other hospitals not mentioned in the list, it will be seen how much importance is attached to these classes by those entering upon the study of medicine. Our list of the dental students is not complete, but we note 16 in Guy's Hospital, 1 in Westminster Hospital, 6 in Owens College, and 7 in Queen's College, Birmingham.

THE BIRMINGHAM COMMITTEE ON HOSPITAL ABUSE.

THE evidence before this committee promises to be more effective, because more specific, than in many similar inquiries. Mr. Jordan Lloyd, surgeon both to the Queen's and Children's Hospitals, as well as to the Workhouse Infirmary, gave on the 8th his views with much clearness. He said the staff of the Workhouse Infirmary was exceptionally good, similar to that of a large hospital. He thought the relief there was absolutely free from abuse. On the other hand, he believed that at the Children's Hospital not more than one case in five required a man with hospital experience. It was no uncommon thing for shopkeepers and other fairly well-to-do people to send their children in the care of shabbily-dressed women. Hospitals did not always send the unfit away because of the

fear of offending subscribers. He was against multiplying hospital appointments by increasing hospital staffs. But the question of pluralities wants a little more discussion than it has yet had. Mr. Lloyd is right in maintaining that if the hospital work were spread over too many, the opportunity of getting exceptional experience by the few would be impaired. But a little more diffusion would be a very safe experiment. Many men capable of high achievements in medicine and surgery are kept back by the want of a moderate hospital practice. It is now proposed to take the evidence of officers of special hospitals and one or more of the class of general practitioners.

PHYSICAL EDUCATION IN THE BOARD SCHOOLS OF LONDON.

AT the interesting exhibition of military drill and physical exercises which took place in the Albert Hall on the 18th inst. it was gratifying to observe the splendid effect of the physical education on the general appearance of the children. The graceful bearing of the girls, who are being trained according to the principles of rational movements introduced into Sweden by Ling, was especially noteworthy. Two series of demonstrations were given by the boys; one according to the Swedish system, and the other by a combination of Swedish movements, military drill, and the older calisthenics. The highest marks were obtained by a school taught according to the former system. Looking at the movements with the eye of a physiologist we were fully persuaded that the variety of movements was based upon thoroughly rational principles, and aimed not only to develop the limbs, but by careful distribution of the work every muscle and all the sets of muscles in the body were duly and systematically exercised, with the result that the boys and girls showed a very equable development. We trust that the good policy of the London School Board may be followed by all the boards of this kingdom introducing into the elementary schools a rational system of physical education. As a consequence we should have to deplore fewer cases of physical degeneracy amongst children. We should soon find that with mental and physical training going on together, the bodies of the rising generation would be more harmoniously developed, with a symmetry of form and grace of movement established which cannot be attained without constant attention to the body during the period of its most rapid growth.

A CORONER AND JURY DISAGREE AS TO CENSURE OF A MEDICAL MAN.

THE obligation of medical men to obey the call of patients is not absolute. It must be bounded by considerations of reason. One fair excuse for declining attendance would be a bill unpaid for two years—always supposing that the case is not one of urgency or agony. In a case at Somersham lately the coroner was very severe in his censure of a medical man, and suggested to the jury to add a rider to the verdict to this effect. But the jury declined, and one of them informed the coroner that the father was an improvident and drunken man, and consequently did not provide for his child. The doctor's little bill of 14s. might have been paid twice over if the parent had done his duty. The coroner never thought of censuring the relieving officer, who had declined giving a medical order for the case. But any stick does to beat a doctor with. No one would think of blaming a baker because he refused to give bread to an improvident parent, and yet bread is more than medicine. The jury hit the right nail on the head in this case, and coroners will do more good by throwing light on the improvidence of parents and its consequences than by censuring a medical man who had already served them without recompense. We of course deeply regret such incidents as this, where a child dies without the benefit of full medical attendance; but it is too bad to lay all the blame on the medical man.

PAROCHIAL HARSHNESS.

IT may be admitted that much of the harshness which has been attributed to parochial officials is erroneously so termed, and should rather be interpreted as a needful severity entailed by frequent experience of imposture. That errors unjustified by any need of caution have been committed we do not deny, but it would be unfair to pretend that these are other than exceptions to a charitable rule. Among such exceptions we should probably include a recent instance of alleged neglect on the part of the Holborn Board of Guardians. This is the case of a female pauper aged eighty, who is said to have been sent without escort or conveyance from London to Mitcham, a distance of twelve miles. She was afterwards found lying in the Borough incapable and supposed to be drunk. We may mention in passing that the distinction between these often associated conditions does not seem to have been made out as clearly as we may expect to find it now that the intimate connexion between ambulance and police duty has come to be recognised. Whether or not drink had been added to other troubles in this case, however, it is one which will hardly bear a close examination. Most people at eighty, like this old woman, have no great locomotive power, and a few pence expended on the railway journey ought undoubtedly in her case to have been spared. Explanatory circumstances, if available, might perhaps exonerate the Holborn Board. If so, their publication would not be out of place.

FOREIGN UNIVERSITY INTELLIGENCE.

Berlin.—Professor George Lewin, having recovered his health, will resume his duties during the present session.

Lausanne.—The complete Faculty has now been organised with sixteen professors, only three of whom, however, enjoy the rank of Professor in Ordinary, the rest being styled Extraordinary Professors

THE report on the composition and quality of daily samples of the water supplied to London for the month ending August 31st, by Messrs. William Crookes, William Odling, and C. Meymott Tidy, states that the proportion of organic matter present in the water, as determined alike by the estimations of organic carbon found and of oxygen consumed, though affected sufficiently to render analyses made on an early day in the month no fair criterion of the character of the month's supply, was, nevertheless, influenced by the floods, but to a very inconsiderable extent only, as noted also in the previous monthly report. The degree of colour tint of the water, however, when viewed through a thickness of two feet, was found to be more appreciably affected. Thus, while the mean ratio of brown to blue tint of the Thames-derived water was during the first half of the month of August as 20:20, it was found during the last half of the month, after the subsidence of the floods, to be only as 14·1:20.

THE committee appointed by the Corporation of London to inquire into the water-supply of the metropolis, held its final meeting at the Guildhall on Monday. Sir Guyer Hunter, M.P., who occupied the chair, announced that the committee was prepared to consider its report, and would adjourn for that purpose.

WE are glad to hear that the Society of Apothecaries have finally resolved not to dispose of their Physic Garden on the Chelsea Embankment. It is stated that Earl Cadogan, who, as lord of the manor, might claim certain reversionary rights in the event of the conditions of the original grant being unfulfilled, has approached the Society with a view to some mutually advantageous arrangements. These negotiations are now understood to have been finally broken off.

DR. MACDONALD has issued an elaborate official report on Kemmler's death by electricity to the Governor of the State. The reporter describes with considerable detail the incidents of the execution, and states that the death was instantaneous, painless, and absolutely successful.

Pharmacology and Therapeutics.

THEOBROMINE AND DIURETIN.

IT will be remembered that early in the year Dr. Christian Gram of Copenhagen published some results of his experience of theobromine as a diuretic, and his conclusions that in diuretin, the sodio-theobromine salicylate, a salt had been obtained which was easily absorbed and strongly diuretic. Under the direction of Dr. Dujardin-Beaumetz, further observations have been made by Mme. K. Pomerantz, which, in the main, confirm the statements originally made by Gram. The results she has obtained are briefly as follows: (1) When given in doses of fifteen grains every two or three hours diuretin is a much stronger diuretic than caffeine; (2) when there is considerable cardiac degeneration it should be employed with some caution, especially when there is albuminuria; (3) under the influence of diuretin the force of the cardiac contractions is scarcely affected; (4) diuretin rapidly increases the quantity of urine passed, and the diuretic effect lasts twice or three times as long as that produced by caffeine; (5) the activity does not wear off readily as the patient becomes accustomed to the drug; (6) micturition is not rendered difficult or painful; and (7) diuretin has no action on the central nervous system. Both theobromine and diuretin give good results in cases of dropsy when diuresis is possible; but as the action appears to consist of direct stimulation of the renal epithelium, it is obvious that the activity of the drug is seriously interfered with in cases of advanced kidney disease.

KERATIN.

Drs. Unna and Beiersdorff recommend that pills coated with keratin, or capsules made of this substance, should be employed when drugs are prescribed which irritate the gastric mucous membrane, and the administration of which is liable to induce vomiting—such as preparations of digitalis and squills, salicylic acid, or iodide of iron; also when substances are given which neutralise the acidity of the stomach, or which in any way impair its activity—such as acetate of lead, tannin, nitrate of silver, alkalis, &c. An outer coating of keratin is also desirable when prescribing drugs that are required to act on the intestinal mucous membrane without affecting that of the stomach, such as extract of logwood, tannin, or the salts of aluminium. Finally, keratin is most valuable when substances are given with the object of destroying worms, but which if introduced in the ordinary way into the stomach undergo absorption to such an extent that they are liable to set up alarming symptoms, while at the same time their vermicidal action is reduced. Keratin is obtained by treating shavings of buffalo horn with ether, alcohol, and an acid. Its special property is that it is insoluble in the contents of the stomach, but readily so in those of the intestine after the pancreatic juice has entered.

ACTION OF ALKALINE CHLORIDES ON CALOMEL.

As the theory of Mialhe, which affirms that calomel is decomposed by alkaline chlorides at the temperature of the body, although denied by many authors, is still taught in many chemical works, M. Adam has subjected the question, which of course is a most important one from a medical point of view, to a searching examination, and comes to the following conclusions. In contact with air at a high temperature calomel may be changed into the perchloride by the alkaline chlorides, more especially by ammonium chloride; but in the absence of air, even in the presence of organic matter, this change is so slight as to be practically *nil*, and, unless calomel is prescribed on an empty stomach, it is of no consequence whether the food taken is salted or not; he also concludes that chloride of sodium is not incompatible with calomel.

ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD.

THE nineteenth annual report of the Local Government Board shows by its bulk alone that, so far as work is concerned, there has certainly been no diminution of the labours of the central authority by reason of the passing of the Local Government Act, 1888. Indeed, that statute seems, if anything, to have added to the work of the department. The proceedings relating to local government and county councils take precedence in the volume just issued, and amongst the items relating to finance we notice that of the 1570 sanitary districts which existed at the close of 1889 1218 had medical officers of health appointed under the Board's Order with a view to repayment of half the salaries, and 1138 had inspectors of nuisances so appointed. With regard to the relief of the poor, it appears that, compared with last year, there were on Jan. 1st of this year 23,944 fewer paupers, the decrease amounting to 2·9 per cent., the ratio of paupers to every 1000 of the population varying from 41·3 in the south-western district to 18·9 in the north-western, the counties of Lancaster and the West Riding standing best of all in this respect. The cost per head per pauper in England and Wales was £4 10*s.* 6¾*d.* last year, and £4 16*s.* 5½*d.* in the metropolis, a considerable increase having taken place in London in this respect during the last decade. Amongst the 5777 cases admitted by the Metropolitan Asylums Board into their infectious hospitals during 1889, only 5 were cases of small-pox, of diphtheria the number was 722, and there were 23 cases of typhus. As regards diphtheria, it is stated that the managers are carefully inquiring into the question whether the possibility of its presence in large quantities injuriously affects other patients in the hospitals.

In dealing with the administration of public health, the report states that during 1889 sanction was given to sanitary authorities to borrow no less than £2,823,767, an amount which had not been reached for some five years. Of this sum only £154,531 was borrowed by rural sanitary authorities, and nothing whatever was borrowed either last year or in 1888 under the Artisans and Labourers' Dwellings Improvement Act, 1875, a fact which doubtless led in part to the legislation of the present year. Only four defaulting authorities are referred to in the report. Three of them—namely, the Bridge Rural, the Sutton Urban, and the Oundle Urban—have before been referred to, and from what is stated concerning them it may be expected that each one will, in one way or another, comply with the terms of the orders issued against them. The new case is that of the Idle Local Board district, where an order has been made requiring the provision of sewers within a period of six months. The paucity of complaints against defaulting authorities has possibly been in part due to the fact that in the Local Government Act, as originally framed, the Local Government Board ineffectually sought to transfer the burden of compulsion to county councils, a transfer to which the majority of sanitary authorities strongly objected. A large amount of work has been going on during recent years in the permanent constitution of Port Sanitary Authorities, and it may now be taken that all round our coast special provision, of a more or less complete nature, has been made against the importation of infection from abroad. That which most pressingly remains to be done is the constitution of more small hospitals in our ports, adapted to receive a few cases of such a disease as cholera.

In connexion with the Sale of Food and Drugs Act, it is stated that 228 appointments of analysts have been approved, but that there still remain four county boroughs and four non-county boroughs in which no analysts have been appointed. During 1889 the number of analyses made under

the Act was 26,954, or some 600 more than in 1888. This gives one sample for every 964 persons living in England and Wales, one analysis being carried out in London for every 542 persons living, but even in some metropolitan parishes the amount of work done to protect the public interests in this way is absurdly small; thus, in Rotherhithe, with a population of over 36,000, only four analyses were made in the year. So also in the provinces, whole counties and boroughs exist where no single analysis was made; and it is fortunate in this respect that in the case of fifty-five boroughs the administration of these Acts has been transferred to the County Councils. The fines, too, which are imposed are ridiculously inadequate to the fraudulent profit made by adulteration, the average penalty being less than £1. Of the total articles examined, 11·5 per cent. were found to be adulterated, the highest percentage being in the case of spirits, where it reached 19·2, water being probably the main means of adulteration. Unfortunately, the same ingredient is still largely added to milk, of which 13·2 per cent. of the samples analysed were found to be adulterated, and it is pointed out that the practice is lucrative in the extreme, and that, if carefully carried out, it is very difficult of detection. Thin milk is often genuine, and hence the fraud is the more easily practised with considerable profit. Indeed, it is stated in the report that if to one-fifth of the amount of milk yearly consumed in the metropolis only one-eighth part of water is added, the loss to the consumer amounts to £50,000 per annum. In London, 21·1 per cent. of the samples of milk were adulterated; whilst we read that in Salford the percentage is only 5·6, and the analyst is able to inform the Health Committee that this result has been attained through the work of a staff of inspectors. That which is possible in Salford should be possible in London also. No less than 12·1 per cent. of the samples of drugs were found to be adulterated, paregoric and sweet spirits of nitre being favourite articles for the purpose. With regard to the more medical aspects of the Board's work, the usual report by the Medical Officer is promised to be issued shortly. But in this branch it is worth noting that the vaccination returns for 1887 show that there were 8·1 per cent. of the births unaccounted for by vaccination, a larger percentage of default than in any preceding year. We fear that, pending the sittings of the Royal Commission on Vaccination, nothing can be done to stay the laxity which is going on in this respect, and which is mainly favoured by the continuance of a period of comparative immunity from small-pox.

CALENDAR OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

FROM the Calendar of this institution, which has just been published by the Council, it appears there are 1153 Fellows of the College (of whom 773 obtained the Fellowship by examination, 13 were elected as Members of twenty years' standing, and 2 are *ad eundem* Fellows), 17,345 Members, 800 Licentiates in Midwifery, and 703 Licentiates in Dental Surgery. The holders of the diploma in Public Health (granted in conjunction with the Royal College of Physicians) number 45.

During the past collegiate year 712 candidates presented themselves in elementary anatomy and physiology, of whom 483 passed in both subjects, 90 in elementary anatomy, 77 in elementary physiology, and 62 candidates were referred in both subjects; 80 candidates presented themselves in elementary anatomy, 66 of whom passed; 108 presented themselves in elementary physiology, of whom 83 passed. The examiners are appointed in conjunction with the Royal College of Physicians. The fees received from candidates for this examination amounted to £4068 4*s.* 6*d.*, the examiners receiving as fees £599 5*s.* Of 723 candidates who presented themselves in chemistry, 529 passed and 194 were referred. Of 890 candidates who presented themselves in materia medica, 509 passed and 381 failed. The examiners in chemistry and materia medica are elected by the Royal College of Physicians.

The examiners in anatomy and physiology for the Second Examination are appointed annually in conjunction with the Royal College of Physicians; they have conducted the Primary Examination under the Old Regulations, as well as the Second Examination of the Examining Board. 794 candidates presented themselves for examination in anatomy, 526 passed and 268 were referred. 906 candidates presented themselves in physiology, of whom 537 passed and 369 were referred. The fees received from these examinations amounted to £3375 16*s.*; the examiners receiving in fees £1526 15*s.*

The Board of Examiners in Anatomy and Physiology for the diploma of Fellow, consisting of nine members, annually elected by the Council from the Fellows of the College, held during the past year two examinations, and 185 candidates presented themselves, of whom 64 passed and 121 were rejected. The fees received amounted to £1228 10*s.*, and the fees to the board to £828

The Court of Examiners, elected by the Council from the Fellows of the College for five years, conduct the Third or Final Examination in "Surgery" of the Examining Board, as well as the Pass or Final Examination under the Old Regulations, and the Pass or Final Examination for the Fellowship. During the year the Court has held two Examinations for the Fellowship and four for the Membership; at the former there were 81 candidates, 44 of whom passed, 5 being referred for one year and 32 for six months. For the membership there were 805 candidates, of whom 471 passed and 334 were referred. The fees paid by candidates amounted to £7377 15*s.* 6*d.*, and the fees paid to the Court of Examiners and the Examiners in Midwifery to £5246 19*s.* The Examiners in Medicine under the scheme for an Examining Board in England are elected by the Royal College of Physicians. Of 536 candidates who presented themselves for this examination during the year, 377 passed and 159 were referred. The Examiners in Midwifery under the scheme are elected in conjunction with the Royal College of Physicians, and have examined 569 candidates, of whom 406 passed and 163 were referred.

The Board of Examiners in Dental Surgery has held two meet[illegible] for the examination of 58 candidates, 32 of whom received the diploma. The fees paid by them amounted to £336, the board receiving £243 12*s.*

With regard to the finances of the College, it appears that the income from all sources amounted to £37,871, the largest receipt being, as already shown, derived from fees paid by candidates for the diplomas of the College—viz., £18,653 16*s.* 6*d.*, the next largest being from sale of stock, £10,544 4*s.* 10*d.*; incidental receipts, hire of rooms, sale of Calendars, Questions, &c., £393 9*s.* 10*d.*; rents from chambers adjoining the College, £1071; investments, £6044 13*s.* 9*d.*; trust funds, £253 1*s.* 11*d.*; fees retained for candidates, £740 5*s.*; balance at bankers, Midsummerday, 1889, £171 0*s.* 11*d.*

The expenditure for the year amounted to £37,159 10*s.* 2*d.*, leaving a balance of £712 2*s.* 7*d.* The largest item was represented by fees to examiners, £8444 11*s.* Extension of College premises cost £5185 15*s.* 8*d.*; half expenses, Examination Hall and laboratories, £4158 0*s.* 9*d.*; salaries, wages, and pensions for officers and servants in three departments, museum, library, and office, amounted to £4992 12*s.* 2*d.*; rates, taxes, and insurance absorbed the sum of £1408 2*s.* 7*d.*; alterations and repairs, £1254 3*s.* 10*d.*; extraordinary expenses, conservator, £106 14*s.* 6*d.*; furniture and fittings, £224 18*s.*; purchase of books &c. for library, £838 19*s.* 8*d.*; fees returned to candidates, £770 10*s.*; law expenses, £286 14*s.* 5*d.*; half expenses, Savoy estate, £6825; and fees to Council, £265 13*s.* Under miscellaneous items—fuel, light, printing, stationery, trust funds, lectures, &c.—about £2500 appears to have been expended.

THE INTERNATIONAL CONGRESS ON COPYRIGHT.

THE profession cannot be indifferent to the question of copyright. The literature of medicine and of science comprises so vast a field of original research, described with literary art, and published on an extensive scale and at great expense, that the property thus created is in as much need of protection as the property of dramatic and other authors. In some instances the necessity of legal protection for scientific works is greater, because the cost of production is greater, while the market for the sale of such works is restricted to a special class of purchasers. A book, for instance, on anatomy would only be read by students of anatomy, and not by the public at large, yet it would cost as much to

print as any other work, and, with the illustrations necessary for such a subject, may be very expensive. But in some countries there is no law to protect the copyright of such a book. The illustrations can be copied and reproduced, the text reprinted, and neither the author nor the original publisher is able to obtain any compensation whatsoever. This is hard on all forms of literature, on all authors and publishers, but it is especially hard on scientific writers. A book on anatomy has only a limited market for its sale, but still there are numerous students of anatomy. If, however, from general science we go to some of its branches, the prospect of sale is still more restricted. Then from subjects that are generally acknowledged as useful and necessary we come to the newer phases which have not yet been fully approved and recognised. Here, again, the market is still more limited, and the question of the ways and means for publishing books on such collateral subjects becomes more and more difficult to solve. At the same time, we must acknowledge that it is precisely these pioneer works which, in the long run, are often found to have rendered the greatest of services. Every facility, every encouragement, therefore, should be given for their publication. On this, to a great measure, depends the progress of the healing arts; and if the whole of the English-speaking public were at their disposal, both publishers and men of science might attempt many a bold venture. Unfortunately, as matters now stand, half the success, if success there be, is at once pirated by the English-speaking people on the other side of the Atlantic. Whatever may have been the risk, the cost, the labour incurred in England, the American publisher can appropriate all this to himself, and, without giving a farthing of compensation, reproduce the book and its illustrations. Such piracy, hard though it be on all authors and publishers, is particularly detrimental to the advancement of science. In the year 1878, during the Universal Exhibition held in Paris, an International Literary and Artistic Association was formed for the protection of copyright and the assimilation of copyright laws in different countries. Each country joining constituted a branch of the Association and elected its own president. Victor Hugo was President of the French branch, Blanchard Jerrold was President of the English branch, and the first international congress of the Association was held during the same year at the Théâtre du Châtelet, with Victor Hugo in the chair. Since that time the Association has every year held an international congress in one of the important capitals of Europe. Last year, during the International Exhibition, the Congress met again in Paris, and this year it met in London. During the whole of last week the Congress was sitting in the hall belonging to the Society of Arts. Through some deplorable blunder, which we are at a loss to explain, the Congress, so far as the English contingent is concerned, proved a complete failure. The Lord Mayor, Sir Henry Isaacs, gave the foreign delegates a most cordial and hospitable reception. He placed the Mansion House at their disposal for the opening meeting of the Congress, and entertained them at a sumptuous banquet. The friends of science, art, and literature throughout the world have reason to be grateful for what the Lord Mayor did on this occasion. Unfortunately, this is all we can say. A reception committee had been constituted, comprising, according to the list of names published in the daily papers, a number of the most eminent men in English art and literature. Some of these gentlemen attended the Lord Mayor's banquet, and delivered a few graceful after-dinner speeches. They did not, however, secure a place where the Congress might meet for the transaction of its business; this the foreign delegates had to find for themselves. Sixty-five delegates arrived from the Continent in response to the assurance that a reception committee had been formed to welcome them; but there was no one to meet them, nor had any measures been taken to assist our guests in securing suitable hotel or lodging accommodation. When, after some difficulty in finding a place for meeting, the delegates set to work, not a single member of the reception committee attended or took part in the business of the Congress. The Thursday had been set aside for an excursion. The reception committee had prepared no excursion, and the foreign delegates had to organise their holiday as best they could among themselves, at their own expense, and without receiving any assistance whatever from their English colleagues.

Needless to say that, as the constant victims of literary piracy, we should have been pleased to take an active part in the work of the Congress. At THE LANCET Office, however, we received no notification that the Congress was about to meet in London, and we believe that the vast majority of the authors, artists, composers, and publishers of Great Britain were in equal ignorance with ourselves. Otherwise there would surely have been a large and enthusiastic attendance of our fellow-countrymen. It was only towards the middle of the week that we were able to realise how complete an absence there had been of any attempt at management of any description, either good, bad, or indifferent. Nor was it possible for us at the eleventh hour, representing an organ of only one branch of literature, to step in and do that which should have been accomplished by representatives of all the interests concerned. But we did do what was in our power to be of help and to give welcome to those delegates at the Congress who represented the interests of scientific literature. We offered to entertain the medical delegates, and to advise and conduct them in any scientific researches or investigations they wished to make during their sojourn in London. Unfortunately this effort on our part to redeem, so far as our colleagues of the scientific press were concerned, the unaccountable neglect from which the foreign delegates had suffered was unavoidably made too late to be of much use.

Among the delegates to the Congress we had the pleasure of meeting Dr. Emile Richard, President of the Paris Municipal Council, and author of the official report on prostitution which we recently noticed at length in these columns, and Dr. J. Roussel, the well-known inventor of the instrument for the transfusion of blood. Dr. Max Nordau was also there, and the profession is indebted to him for the very energetic action he has taken in the defence of copyright. Germany was represented by Dr. Gustav Dierks, and the Congress unanimously accepted the invitation to hold their next session at Berlin. Dr. Morin, who by his contributions to periodical literature is seeking to diffuse throughout France elementary knowledge of the laws of health, also attended the Congress.

In spite of the absence of the English the work of the Congress was accomplished in a systematic and successful manner. Printed reports were issued on the principal subjects to be discussed. These comprised topics that are of great interest to the profession. For instance, there were three papers by M. A. Vaunois, M. E. Bulloz, and M. A. Darras, on the Copyright of Photographs. The debate raised interesting problems. For instance, let us suppose an interesting case of deformity is photographed. Would the purchaser of this photograph have the right to copy the photograph as an illustration for an article or book dealing with deformity of this description? On this point opinions were much divided; but on most of the other questions the Congress was unanimous.

M. Jules Lermina, general secretary of the International Literary and Artistic Association (which has its headquarters at No. 17, Rue du Faubourg, Montmartre, Paris), read an able paper criticising the attitude of the House of Representatives of the United States, where, by 126 votes against 98, with 103 abstentions, the Bill to protect the copyright of foreign authors was rejected. It may not be known to some of our readers that THE LANCET is regularly reproduced in the United States, and that this pirated edition has a large sale. Our copyright is thus stolen from us in the most barefaced manner, and we have no redress. On this subject the following resolution was unanimously adopted:—"That this Congress offers its most sincere thanks to the public-spirited men who in the United States advocate the great cause of literary and artistic property; and, fully confident of the ultimate triumph of good sense and justice, send them their warmest encouragement in inviting them to continue the struggle."

Of course the Berne Convention on copyright, which is the first and most important fruit of the efforts of the Association, was very freely and extensively criticised. Many speakers seemed to think it an anomaly that it should be necessary to inscribe on publications that "all rights are reserved." People do not inscribe on the doors of their houses that all rights are reserved, and yet if anyone stepped in and stole a hat or an umbrella he could be prosecuted. Where, however, the public have enjoyed from time immemorial the right of entry it is necessary to put up an inscription stating that this right no longer exists.

Theoretically this should not be necessary with regard to publications, but practically it is expedient to remind people that the law has been altered, and that the pirating of literary and artistic property is no longer permissible among the nations who have subscribed to the Berne Copyright Convention.

An important discussion was raised as to the copyright of newspaper articles. Should one newspaper be allowed to reproduce *in extenso* an article published by another paper? The Congress was of opinion that, if desirable, a newspaper ought to be able to prevent such reproduction. In other words, newspaper articles were as much entitled to copyright as any other publications, though, for motives of propaganda, it might be convenient to forego these rights.

Such were some of the points brought forward at the Congress, and it will be seen that they were of great material interest to the profession, for, without our technical journals and books of all description, how would it be possible to achieve rapid progress in the science of medicine? We trust, therefore, that the efforts to render such publications more easy by better copyright laws will be continued in spite of the poor support this cause obtained in London. The weakness, however, of the English contingent was not due to any want of sympathy.

REFORM OF THE UNIVERSITY OF LONDON.

The following letter has been recently forwarded to the Right Honourable the Lord President of the Privy Council:

MY LORD,—We, the undersigned, the President of University College, London, and the Principal of King's College, London, beg leave to address your Lordship in reference to the joint petition from the Councils of our two Colleges for the incorporation of a Teaching University in London, which has for some time been before the Privy Council. Your Lordship had the goodness to receive a deputation from the Councils of our two Colleges in July, 1889; and your Lordship then intimated your judgment that the University of London should be allowed a reasonable time in which to propose a new Charter in accordance with the recommendations of the Royal Commission on the question of a Teaching University in London. In obedience to this intimation from your Lordship, our Councils have, at the request of the Senate, entered into negotiation with them and have consented, subject to the satisfactory settlement of some points affecting the Faculties of Law and Medicine, to a scheme for our union with the University, embodying a separate system of graduation for our students in the Faculties of Arts and Science. We desire that power should be reserved in certain events to make similar arrangements in regard to the Faculty of Law. With respect to Medicine, the Senate have stipulated that they should be at liberty to make different arrangements, separately from our Colleges; and in the absence of opportunities for conference with the other institutions specially interested in this Faculty, we have not thought fit on this ground to break off the negotiations; but we reserve power to reconsider our position, if arrangements are contemplated by which it would be seriously affected. We claim, further, as essential to the efficiency of our teaching in science, that our medical students, for the purposes of their examination in pure science, known as the "Preliminary Scientific Examination," shall be considered as belonging to the Faculty of Science on the teaching side of the University, and not to a separate Faculty of Medicine.

Having been informed that urgent protests are raised by university colleges in the country, particularly at Birmingham, against influence being given to London Colleges in the Senate while they are excluded, we beg to remind your Lordship that the amalgamation of the proposed Teaching University for London with the existing University was not our proposal, but has been, thus far, accepted by us in deference to the principal Report of the Royal Commissioners. We consider that if this amalgamation is effected, we are entitled to a representation on the Governing Body of the reconstituted University proportionate to our concern in University teaching for London, considered as one of its two spheres of work; and that the nature of the case does not admit of a similar effective representation of institutions elsewhere. If this reconstitution of the existing University should be found, by reason of such opposition, or for any other reason, impracticable, we desire to be replaced in our original position, as petitioners for the establishment in London of a Teaching University upon the lines of our petition presented in 1887, and of the Draft Charter thereto appended, to which, in that case, we still respectfully adhere.

We have the honour to remain,

Your Lordship's obedient humble servants,

JOHN ERIC ERICHSEN,
President of University College, London.

HENRY WACE,
Principal of King's College, London.

August, 1890.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

County of Norfolk.—Under the direction of the County Council for Norfolk, Dr. Shephard T. Taylor, medical officer of health for Cromer and the rural districts of Erpingham and St. Faith's, has prepared an analysis of the annual reports of the medical officers of health for the sanitary areas comprised within the county; in all, thirty in number. In connexion with the statistics it is shown that the death-rates for 1889 vary from 11·7 per 1000 for the Blofield rural district to 19·6 for Cromer; but it is explained that the latter rate is due in the main to the death of an unusual number of elderly people. Cromer certainly stands fairly well as to infant mortality amongst the urban areas; and though it changes its place in the wrong direction as to zymotic diseases, this is due not so much to its own excess of death, as to the great immunity from such death in other urban areas. Diss, with a zymotic rate of 2·6 per 1000, stands worst in this respect. Taking the urban districts generally, it appears that the diarrhœa death-rate was double that in the rural districts; but as to diphtheria the urban rate was nearly four times that of the rural areas. A summary of each separate report is contained in the volume, and a general reference is made as to the principal works carried out, such as progress in the matter of sewers at King's Lynn, the provision of a wholesome water-supply for Wolferton, and improvements in the same direction in the Mitford and Launditch rural districts. The Notification Act has been adopted in eight of the thirty districts—that is to say, in six rural and in two urban areas.

Sevenoaks Urban District.—Estimating the present population of Sevenoaks to the best of his ability, Mr. Harris Butterfield calculates the death-rate for 1889 to be 9·8 per 1000 living, and the zymotic rate as only 0·3; indeed, in this latter class there were only 2 deaths, and these were from diarrhœa. A few cases of scarlatina were duly isolated in hospital, and beyond some complaint as to odours rising from street ventilators there seems nothing to report in the sanitary history of the year beyond that which is in every way satisfactory.

Stratford-on-Avon Combined Districts.—Mr. G. H. Fosbroke, in his record of the sanitary history of these combined districts during 1889, completes a series of reports which have all along been of great interest and value; and it must be a satisfaction to him, on entering his new duties, to know how great a saving of life has been effected during his tenure of office, and how largely this saving has gone hand in hand with measures of sanitary work and administration which he himself has, from the first, had largely to organise. The long list of towns and villages which have been supplied, either in their entirety or partially, with means of sewerage and drainage, the excellent results detailed from time to time of a system of isolating cases of infectious diseases, and the record of works effected with a view of supplying a wholesome water, alone suffice to give a permanency to the labours of the past sixteen years. But, in addition to this, the work carried out in this district has always been in the direction of promoting the scientific branches of public health work, and this last report resembles many of its predecessors in this respect.

Toxteth Park Urban District.—This suburb of Liverpool is favoured by many circumstances, and one is an earnest desire on the part of its sanitary authority and officers to secure such an administration as shall tend to improve the public health. Excellent by-laws controlling new buildings and other matters are in force, regular inspection is made of the district, notification is in operation and with it arrangements for controlling infectious diseases in schools, and an excellent instalment of means for isolating infectious diseases has been made. Dr. G. W. Steeves is, under these circumstances, able to report that in 1889 the death-rate, on an estimated population of 23,000, was still further reduced to 10·6 per 1000 living. The rate of deaths from the zymotic diseases was 1·26 per 1000, and even this was largely made up of measles, which it is difficult to control by ordinary sanitary measures. The rate of deaths under one year to births was also small—namely, 10·8 per cent. The water-supply is excellent; and a constant service direct

from the main is secured for all purposes, other than water-closets, in which case a separate cistern is enforced. It is attention to important details of this sort that leads to the prevention of disease.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5523 births and 3688 deaths were registered during the week ending Oct. 11th. The annual rate of mortality in these towns, which had been 20·0 and 19·3 per 1000 in the preceding two weeks, rose again last week to 19·8. The rate was 17·4 in London and 21·8 in the twenty-seven provincial towns. During the thirteen weeks of last quarter the death-rate in the twenty-eight towns averaged 19·1 per 1000, and was 1·1 below the mean rate in the corresponding periods of the ten years 1880–89. The lowest rates in these towns last week were 12·4 in Derby, 14·6 in Bristol, 16·9 in Brighton, and 17·4 in London; the highest rates were 25·6 in Bradford, 25·9 in Newcastle-on-Tyne, 29·0 in Manchester, and 32·9 in Blackburn. The deaths referred to the principal zymotic diseases, which had been 694 and 659 in the preceding two weeks, further declined to 639 last week; they included 328 from diarrhœa, 92 from measles, 61 from diphtheria, 58 from scarlet fever, 51 from "fever" (principally enteric), 49 from whooping-cough, and not one from small-pox. The lowest death-rates from these diseases were recorded in Oldham, Bristol, Derby, and Huddersfield; the highest in Salford, Bolton, Bradford, and Preston. The greatest mortality from measles occurred in Manchester, Bradford, Bolton, and Cardiff; from scarlet fever in Sheffield; from whooping-cough in Birkenhead and Norwich; from "fever" in Portsmouth and Birkenhead; and from diarrhœa in Leicester, Leeds, Bradford, Bolton, Blackburn, and Preston. The 61 deaths from diphtheria included 38 in London, 7 in Salford, 4 in Portsmouth, 3 in Manchester, 2 in Derby, and 2 in Halifax. No death from small-pox was registered in any of the twenty-eight towns; and no small-pox patients were under treatment in any of the Metropolitan Asylum Hospitals or in the Highgate Small-pox Hospital. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital at the end of last week was 1850, against numbers increasing from 1427 to 1777 on the preceding seven Saturdays; the patients admitted during the week were 225, against 206 and 249 in the previous two weeks. The deaths referred to diseases of the respiratory organs in London, which had increased from 187 to 262 in the preceding three weeks, declined again last week to 197, and were 101 below the corrected average. The causes of 68, or 1·8 per cent., of the deaths in the twenty-eight towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Norwich, Leicester, Newcastle-on-Tyne, and in four other smaller towns. The largest proportions of uncertified deaths were recorded in Liverpool, Sheffield, and Halifax.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had declined in the preceding three weeks from 19·6 to 18·0 per 1000, rose again to 18·2 in the week ending Oct. 11th, but was 1·6 per 1000 below the rate that prevailed during the same period in the twenty-eight large English towns. The rates in the eight Scotch towns ranged from 15·1 in Aberdeen and 15·6 in Perth to 19·1 in Glasgow and 25·4 in Paisley. The 471 deaths in the eight towns showed an increase of 4 upon the number in the preceding week, and included 28 which were referred to diarrhœa, 11 to "fever," 10 to whooping-cough, 8 to scarlet fever, 8 to measles, 5 to diphtheria, and not one to small-pox. In all, 70 deaths resulted from these principal zymotic diseases, against 72 and 82 in the preceding two weeks. These 70 deaths were equal to an annual rate of 2·7 per 1000, which was 0·7 below the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of diarrhœa, which had been 34 and 38 in the preceding two weeks, declined again last week to 28, of which 11 occurred in Glasgow, 6 in Edinburgh, and 5 in Dundee. The deaths referred to different forms of "fever," which had been 11 and 8 in the previous two weeks, rose again last week to 11, and included 5 in Glasgow. The 8 fatal cases of scarlet fever exceeded by 3 the number in the preceding week, and included 4 in Paisley. The 10 deaths from whooping-cough showed a decline of 6 from the number in the previous week, and were all recorded in Glasgow. Of the 8 fatal cases of measles 5 occurred in Glasgow, and the 5 deaths from diphtheria included 2 in Leith and 2 in Paisley. The deaths referred to diseases of the respiratory organs in the eight towns, which had been 95 and 84 in the preceding two weeks, further declined last week to 74, and were 13 below the number in the corresponding week of last year. The causes of 52, or more than 11 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 20·8 and 19·4 per 1000 in the preceding two weeks, rose again to 19·5 during the week ending Oct. 11th. During the thirteen weeks of last quarter the death-rate in the city averaged 20·2 per 1000, the rate for the same period being 18·1 in London and 16·6 in Edinburgh. The 132 deaths in Dublin showed a slight increase upon the number in the previous week; they included 9 which resulted from diarrhœa, 7 from "fever," 2 from whooping-cough, 1 from measles, and not one either from scarlet fever, diphtheria, or small-pox. Thus the deaths referred to the principal zymotic diseases, which had been 19 in each of the preceding two weeks, were again 19 last week; they were equal to an annual rate of 2·8 per 1000, the rate from the same diseases being 2·9 in London and 19·0 in Edinburgh. The deaths from diarrhœa, which had been 13 and 12 in the previous two weeks, further declined last week to 9. The fatal cases of "fever," which had been 4 in each of the preceding three weeks, rose to 7 last week, and exceeded the number in any week since the end of March last. The 2 deaths from whooping-cough corresponded with the number in the previous week. Five inquest cases and 5 deaths from violence were registered during the week; and 39, or nearly a third, of the deaths occurred in public institutions. The causes of 17, or 13 per cent, of the deaths were not certified.

THE SERVICES.

MADRAS MEDICAL ESTABLISHMENT.—Brigade Surgeon Alexander Porter, M.D., to be Deputy Surgeon-General (dated July 25th, 1890); Surgeon-Major James Forbes Sargent to be Brigade Surgeon (dated May 31st, 1890).

INDIAN ARMY.—The Queen has approved of the retirement from the Service of Brigade Surgeon John Bennett, M.D., Bengal Medical Establishment (dated Sept. 26th, 1890).—The Queen has also approved of the transfer from the half-pay list to the retired list of Surgeon John Gatchell Hancock, Bengal Medical Establishment (dated Sept. 27th, 1890).

ADMIRALTY.—Surgeon Frederick W. Stericker has been appointed to Haslar Hospital (dated Oct. 15th, 1890).

VOLUNTEER CORPS.—*Artillery:* 1st Hampshire (Southern Division Royal Artillery): Arthur Wellesley Harris, Gent., to be Acting Surgeon (dated Oct. 11th, 1890).—*Rifle:* Galloway: Robert Thos. Bell Lorraine, M.B., to be Acting Surgeon (dated Oct. 11th, 1890).—2nd (Westmoreland) Volunteer Battalion, the Border Regiment: Surgeon G. W. Brumwell is granted the rank of Surgeon-Major, ranking as Major (dated Oct. 11th, 1890).

DWELLINGS OF THE POOR.—A meeting of the Mansion House Council on the Dwellings of the Poor, of which the Lord Mayor is president, was held in the Long Parlour on Tuesday, Mr. James Hole in the chair. Mr. John Hamer (hon. secretary) read the report of work for the month. A representation had been made to the Local Government Board as to the persistent neglect of the authorities at Fulham in dealing with insanitary conditions frequently brought to their notice. It was resolved to prepare a popular synopsis of the Housing of the Working Classes Act, and to disseminate leaflets setting forth its various provisions in the most effective and intelligible form. Arrangements were also made for a series of lectures to be delivered throughout the metropolis during the winter, a number of gentlemen volunteering their services.

Correspondence.

"Audi alteram partem."

LITHOTOMY, LITHOTRITY, AND LITHOLAPAXY.

To the Editors of THE LANCET.

SIRS,—Surgeon-Major Keegan's valuable paper in THE LANCET of Oct. 4th raises again the important question of the nomenclature of the operations at present practised for the removal of stone from the bladder. He is good enough to refer to the proposal I made at the meeting of the Royal Medico-Chirurgical Society on March 11th, that we should avoid much confusion with reference to what really is a stone in the bladder, and at the same increase the value and accuracy of the statistics of stone operations, by classifying them under the heads of "lithotomy," "lithotrity," and "litholapaxy" (by which is meant removal by other means than either knife or lithotrite), and I therefore beg permission to make the following remarks. Before 1824 vesical calculi were removed from the bladder by incision, and the operation was named "lithotomy"—not logically a correct term, but one which has become absolutely fixed by age and usage. After this date the operation of breaking up stones in the bladder came gradually into vogue, and the term "lithotrity" became firmly established. Still later, Crampton and Clover, more particularly the latter (THE LANCET, May, 1866), devoted special attention to the removal of fragments by sucking them out through tubes, but this did not interfere with the term "lithotrity," and all the world understood that lithotrity meant crushing a stone in the bladder, and either allowing the fragments to be naturally expelled or sucking them out by means of tubes and aspirators. In 1878 Bigelow proposed to establish the fact that it was safer to crush a stone and suck out every particle in one operation than by several, as had hitherto, except in the case of small stones, been the settled practice. Many surgeons at once accepted this most valuable teaching, and began to speak of "lithotrity at a single sitting." This was while Bigelow's proposition was *sub judice*. Now, however, when lithotrity at a single sitting has become absolutely established by the consensus of opinion of the whole surgical world, as so superior to the old many-sitting method that under no circumstances should the latter knowingly or of intent be practised, it has become natural to speak simply of lithotrity when it is intended to express the fact that a stone has been crushed and removed. Bigelow, however, in 1878, wishing to distinguish his operation entirely from the many-sitting operation, and which he was by no means certain (only having an experience, by himself and others, of fourteen cases) would so entirely sweep away the older method, named his operation "litholapaxy," which merely means the evacuation or removal of stone. This term might have justified itself in time if his operation had not only cleared away the many-sitting lithotrity, but lithotomy as well; but as lithotomy still lives, and is likely to live, the term "litholapaxy," as distinguished from lithotrity, does not seem to me to be justified. Bigelow, building upon the foundations laid by Clover and Otis, introduced larger tubes and stronger aspirators, and surgeons find that many cases of small single calculi and of multiple small calculi can be treated successfully simply by using the tube and aspirator, neither knife nor lithotrite being necessary. For this operation, which is neither lithotomy nor lithotrity, the term "litholapaxy" seems to me eminently desirable; and, indeed, I see no reason why, as the term "lithotomy" is used generically to include every kind of operation by the knife, we should not use the term "litholapaxy" for all operations by which stones are removed from the bladder without the employment of either knife or lithotrite—that is to say, by suction through tubes, or without tubes, or by forceps, and either through the natural passages or through fistulæ.

I am, Sirs, yours faithfully,

Wimpole-street, W., Oct. 13th, 1890. G. BUCKSTON BROWNE.

REWARDS BY PROMOTION IN THE MILITARY MEDICAL SERVICES.

To the Editors of THE LANCET.

SIRS,—With reference to your suggestion in an annotation in THE LANCET of Aug. 23rd, that Surgeon Parke should be promoted direct to the rank of Surgeon-Major, allow me to give you an example of how a somewhat similar promotion was followed by serious consequences, apparently little anticipated at the time the promotion was made.

For services rendered in the early part of the late Burmah War, two officers of the Medical Staff and Indian Medical Service were promoted to Brigade Surgeon. In the case of the former the promotion was cancelled, and the officer was granted the distinguished service order; but, in the case of the officer of the Indian Medical Service, the promotion held good, with the result that not long ago he was made a deputy surgeon-general over the heads—I forget how many—of his seniors. I am not one of the number, so that I do not write with a grievance. A system of rewarding an officer at the expense of his fellows who have not had his chances must be a faulty one. As a matter of fact, when war breaks out, nearly every medical officer tries to go on field service. A life of hardship and danger, with the chance of distinguishing himself, has a charm for nearly every officer in the army, whether combatant or non-combatant; and to have served in a campaign is, to most men, its own reward. And in the eyes of the authorities the fact that an officer has served in a campaign is always a point in his favour, so that his future prospects are improved thereby. Those to be pitied, in India at any rate, are those who are left to the dull routine of cantonment life; and it would be somewhat hard if, through a system of reward by promotion, they should be passed over by their more lucky juniors on field service. As I have twice been on field service I trust that my remarks may be considered unprejudiced.

I am, Sirs, yours faithfully,

Sept. 12th, 1890. SURGEON-MAJOR, INDIAN ARMY.

*** We cannot agree with our correspondent that exceptional and meritorious service by a medical officer should not be rewarded by promotion. It is done in the combatant ranks, and is a legitimate mode of reward. He also seems to have forgotten that all promotions to the rank of Surgeon-General are, in the terms of the Royal Warrant, to be "given for ability and merit upon the selection of Our Commander-in-Chief, with the approval of Our Secretary of State," and not on account of seniority.—ED. L.

POSTHUMOUS LABOUR.

To the Editors of THE LANCET.

SIRS,—In your issue of July 19th there is a notice of a reputed case of posthumous labour occurring at Moglia in the province of Mantua. In February, 1888, I made a post-mortem examination at mid-day on Sunday of the body of a woman who died before noon on the preceding Friday. After her death the friends sent four miles away to a shop for materials for a shroud, made the shroud, and put it on the body. On Saturday they put her into a coffin. On my arrival, in company with the magistrate, they informed me that the deceased died in the sixth or seventh month of pregnancy, and because two or three weeks ago she had been assaulted they had reported the case to the magistrate. I opened the body in the usual way (as it lay in the coffin), and on passing my hand into the abdomen found no pregnant uterus. The astonishment of the relatives was great and evidently genuine. Upon further examination, I found a large uncontracted uterus in the pelvis, and upon ripping open the remainder of the shroud, I discovered, lying under the thighs, a newly born dead child with cord and placenta attached. The friends were positive that the birth had not taken place when they lifted the body into the coffin, as from the way in which this was done two of them would have felt the child and the soiling of the shroud. Moreover, they assured me that at this time, about noon on Saturday, the corpse had an unpleasant odour, and froth was oozing from the nose and mouth. When I had the lid removed in order to make my examination, there was not the least sign of the body having made any movement, ante- or post-mortem. But what struck me as very strange (and the weather for two days had been cold, with drizzling rain) was that the temperature of the interior of the body was rather above than below normal. I could only come to the conclusion that the woman had died with a very high temperature from a fever which was at that time prevalent among the natives, and that the child had been expelled by the uterus certainly six hours, and in all pro-

bability more than twenty-four hours, after its mother's death. As the uterus resists decay longer than any other muscle in the body, so it may retain for a longer period after death its power of contraction. In such cases it is reasonable to suppose that the first and a portion of the second stages of labour are completed before death, and that the fœtus and placenta are expelled either before rigor mortis has set in or after it has passed away.

I am, Sirs, yours faithfully,

J. H. NANKIVELL, M.R.C.S.,
Dist. Surg. of the Transkei, South Africa.

Butterworth, Sept. 8th, 1890.

MIDWIVES' REGISTRATION BILL.

To the Editors of THE LANCET.

SIRS,—May I ask you to be good enough to insert an emphatic denial to the statement made by Dr. Rentoul, through "an official," that when the present Bill for Registration of Midwives is passed another Bill is contemplated by the promoters, giving increased professional powers to midwives. It would have been desirable that Dr. Rentoul should have ascertained the accuracy of this assertion from the promoters, who have always taken their stand on the urgent existing need that midwives be qualified to attend *natural cases*. We do not desire to see the issues of so important a question confused in the eyes of the public by the discussion of a perfectly mythical Bill, which has never even been proposed save by the opponents of the present Bill.—I am, Sirs, yours faithfully,

MARGARET R. NICHOL, Secretary.

Midwives' Institute, 12, Buckingham-street,
Strand, W.C., Oct. 14th, 1890.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

The Nitric Acid Disaster in Newcastle.

I REGRET to say that another fireman (the third) died on last Saturday from inhaling the fumes of nitric acid at the late accident at Messrs. Mawson and Swan's chemical establishment. Six assistants are still unable to resume their duties from the results of the accident on the 23rd ult.

Death of Mr. John Hancock.

Mr. John Hancock, the eminent naturalist, died at his residence in this city on Saturday last, in his eighty-fourth year. Mr. Hancock's death did not come as a surprise, for he was known to be in a failing condition, and had been confined to his bed for some months, during which he was kindly attended by his old friend Dr. Embleton, while Mr. F. Page also rendered valuable assistance. Although Mr. Hancock's life was devoted to natural history, he was especially an ornithologist, and his work and studies are well known far and wide. In 1851 Mr. Hancock exhibited a series of groups illustrative of falconry at the Great Exhibition in Hyde Park. These are now in the Natural History Museum, Newcastle. In speaking of these, the late Rev. T. W. Robertson of Brighton remarked in one of his lectures: "I have visited the finest museums in Europe, and spent many a long day in the woods in watching the habits of birds hidden and unseen by them, but I never saw the reproduction of life until I saw these. They are vitalised not by the feeling of the mere bird stuffer, but of the poet who had sympathised with nature, felt the life of the birds as something kindred with his own, and inspired with this sympathy, and labouring to utter it, had thus created life as it were in the very grasp of death." Mr. Hancock belonged to a family of naturalists, his father was a well-known entomologist, and his brother Albany, who died a few years ago, was a distinguished naturalist, and wrote, in conjunction with Dr. Embleton, the well-known monograph on "The Anatomy of the Nudibranchiate Mollusca."

Typhoid Fever in Durham County.

Every day we hear of alarming outbreaks of typhoid fever in the county of Durham. At Bishop Auckland the guardians sat specially on Thursday as a sanitary authority, and reports of eight deaths in the neighbourhood of Crook were sent in, and there are at present twenty-four cases in that town. At Westgate, a colliery village in the Castle Eden district, the disease is said to be rife, many of the inhabitants of all ages being down, likewise the resident and neighbouring police. Westgate stands high, and I think lies on the magnesium limestone formation, from which, doubtless, it has its water-supply, being of the same fine character as that supplied to Sunderland and South Shields.

Fever at Whitehaven.—Death of Mr. James Ross Irwin.

I deeply regret to announce the death of Mr. J. R. Irwin, medical officer to the Whitehaven Union. In the performance of his duties in connexion with the outbreak of typhus fever at Whitehaven, of which there are now some forty cases, Mr. Irwin was struck down some eight or nine days ago, and died on Monday last. Previously to coming to Whitehaven, some five or six years ago, Mr. Irwin acted as assistant to Dr. Speirs in the Frizington district. He was very popular in the district, and on every hand, the Carlisle press says, sorrow is felt at his death. Mr. Irwin was L.R.C.P. and L.R.C.S. Edin. (1882), having studied at Queen's Colleges, Belfast and Galway, and was one of the elders of the English Presbyterian Church in Whitehaven. He leaves a widow, but no family. The *Whitehaven News* says, in reference to Mr. Irwin's death, "that he contracted the disease from a patient, and Dr. Kitchen contracted it from Mr. Irwin. Dr. Kitchen is doing as well as could be expected, and it is remarkable that the last Dr. Irwin in Whitehaven died of fever, and that there is scarcely ever a fever epidemic that does not make holes in the ranks of medical men."

Bequests to Northern Charities and Institutions.

The late Mr. Wm. Aldam, of Frickley Hall, Yorkshire, and Healey Hall, Northumberland, M.P. for Leeds from 1841 to 1847, who died on July 27th last, aged seventy-seven, amongst other bequests, left to the Yorkshire College £500, in addition to a subscription of £200 promised by the testator; to the Leeds General Infirmary and to the Newcastle Royal Infirmary, £100 each; to the Yorkshire Institution for Deaf and Dumb Girls, £200.—The late Mrs. Elizabeth Porteous, Appleby, has by will directed the residue of her personal estate to be divided into two moieties, one to go to the Cumberland Infirmary, and the other to the Church Missionary Society.

Shields and Jarrow Medical Officership.

A special meeting of the South Shields Town Council has been called to receive the resignation of Dr. Campbell Munro, medical officer of health, who has by a unanimous vote of the County Council been appointed medical officer for Renfrewshire. Dr. Munro has held the appointments of medical officer to the corporations of Shields and Jarrow for over eight years.

Dr. Murphy of Sunderland performed the operation of prostatectomy the other day on a patient aged seventy-six. The patient is, I believe, doing well.

Newcastle-on-Tyne, Oct. 15th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

Appointments to the Royal Infirmary, Edinburgh.

AT their weekly meeting on Monday, the Managers of the Royal Infirmary appointed Dr. G. A. Gibson, Dr. Alexander Bruce, and Dr. R. W. Philip to be assistant physicians. These, as already stated, are additions to the staff, and were not caused by vacancies. The appointments have given general satisfaction, and the staff is materially strengthened by them. They are all three lecturers in the School of Medicine.

The Scottish Universities' Commission.

The Commission has had a week of quite unusual activity. It has met almost daily, and has received representations from various teaching and other bodies.

The Royal Scottish Veterinary Medical Society.

This Society met last week in the Royal Veterinary College. Mr. Reid of Auchtermuchty was reappointed president for the ensuing year. Principal Walley showed two lambs which had been infected by an old sheep with foot-and-mouth disease, and also referred to some cases of influenza or pink-eye in horses which he had recently seen in Newcastle. The latter disease was of a very virulent type, and was causing great mortality. The lesions closely resembled those of septic poisoning. The subject of bone softening in horses was introduced by one of the members, who re-

ferred to two cases he had seen in valuable horses, which he ascribed to large doses of calomel. The members dined together after the meeting.

The Final Medical Examinations at Edinburgh University.

As has been already mentioned here, there was a *Special* Final Examination at the University, the results of which have now appeared. Of sixty-seven candidates who presented themselves sixty have passed. The greater number of these had the degree conferred upon them on Monday by the Dean of the Faculty of Arts, there being no public ceremonial on the occasion.

Death of Professor Sellar.

Edinburgh University has lost one of its most popular professors by the death of Professor Sellar, which occurred on Sunday last at his country house in Galloway. The work of the Humanity class is to be carried on by Mr. John Burnet, Fellow of Merton College, Oxford, until a successor is appointed.

Health of Edinburgh.

The mortality last week was at the rate of 17 per 1000. Out of a total of 88 deaths, diseases of the chest accounted for 27, and zymotic complaints for 4. The intimations for the week included 15 cases of typhoid, 7 of diphtheria, 19 of scarlatina, and 8 of measles.

Opening of the Winter Session in Edinburgh.

On Tuesday the winter session opened, and from appearances there would seem to be no falling off in the number of students. There was no formal opening, either at the University or at the Extra-mural Schools, but most of the lecturers delivered what might be classed as an introductory lecture.

Faculty of Physicians and Surgeons of Glasgow.

The annual meeting of the Faculty for the election of office-bearers was held on the 6th inst. Dr. Robert Perry was re-elected president, and Dr. David Yellowlees visitor. For places on the Board of Examiners for the licence there were three contests—viz., Medical Jurisprudence: Mr. J. K. Dalziel and Dr. P. A. Simpson. Surgery: Dr. James Dunlop and Dr. James Whitson. Physiology: Dr. James Christie and Dr. D. C. McVail. In each case the first-named of the pair of candidates secured the appointment.

Oct. 14th.

IRELAND.

(FROM OUR OWN CORRESPONDENT.)

Green-street Court-house, Dublin.

ON Monday last the Recorder of Dublin drew attention to the insanitary condition of this court-house and the want of proper accommodation, a state of things which has on several occasions been referred to in these columns. Bad as the accommodation was for the Recorder's court, it is worse now in consequence of the sittings of the Commission of Oyer and Terminer taking place in the portion usually occupied by the Recorder, so that he has had to remove into a small room, where it is almost impossible to conduct the business of the sessions. The Recorder is of opinion that another court-house should be provided for the Commission, and that the building in Green-street should be reserved entirely for the citizens, and put into a proper sanitary condition. The outlay for this purpose would be very large, and up to this the Government have not made any proposal which meets with the approval of the corporation of Dublin, and the matter remains in abeyance. A meeting of the Sessions Bar will shortly be held to consider the matter, and also the desirability of removing the Recorder's court to the Four Courts.

Proposed Testimonial to Dr. S. Mason.

It is proposed to present Dr. Samuel Mason, master of the Coombe Lying-in Hospital, on the occasion of his retirement, with some mark of recognition of the advantages derived by the students from his teaching. He will very shortly have completed his term of seven years, and for the vacancy it is probable Mr. Colclough Hoey and Dr. F. W. Kidd, both ex-assistant masters, will compete. The emoluments of the post are derived from the students who attend the hospital, fees from nurses, and from the assistant masters, all of which go to the master.

Typhoid Fever in Dublin.

Typhoid fever seems to have been on the increase for some time past in Dublin, and some of the recent deaths appear to have been due to a bad type of fever, death having occurred within a week of the invasion of the disease. Cases of typhoid fever have recently appeared in Ship-street Barracks, Beggar's Bush Barracks, and at Island Bridge Barracks, despite all the sanitary improvements carried out. Some confusion appears to exist regarding the sum of about £900,000 which is to be expended on barracks in Ireland, many believing that several additional barracks are to be constructed. This is not so, however; the money has been voted by Parliament because it was deemed advisable to renew the greater part of the barracks, not for the purpose of building new barracks on new sites, but merely to improve the accommodation already existing. Of this sum of £900,000, £420,000 may be expended on the Curragh Camp and £206,000 on the barracks in Dublin.

Complimentary Breakfast to Dr. B. W. Richardson.

Dr. Richardson was entertained to breakfast on the 14th inst. at the Royal College of Physicians in Kildare-street, Dublin. Sir Wilfrid Lawson and other leading supporters of temperance, Mr. Croly, President of the Royal College of Surgeons, and many others were present.

Health of Dublin for September.

The deaths during the four weeks ending Sept. 27th within the metropolitan registration area were in the ratio of 18·65 per 1000 persons living. As September was a very warm month, its mean temperature being 2·55° higher than that of August, a high mortality from diarrhœa and dysentery was naturally to be expected, but the death-rate from these diseases was, on the contrary, slightly below that of August. The death-rate in September was the lowest recorded for that month since the accurate registration of deaths commenced in Dublin. One death from typhus fever was recorded, the first since May 2nd last.

Dinner at Waterford given by the President of the Royal College of Surgeons.

On last Saturday Mr. Croly entertained a number of members of the profession, practising in Waterford and the surrounding district, to dinner at the Imperial Hotel. The vice-chair was occupied by Dr. G. I. Mackesy, J.P. The toasts included "The Army and Navy," "The Royal College of Surgeons," "The Waterford Medical Profession," &c., and a most enjoyable evening was spent by those present.

Royal Academy of Medicine.

The eighth annual meeting of the Royal Academy of Medicine in Ireland will be held at the Royal College of Surgeons on the 31st inst., when the report for the past session will be submitted, and the election of officers for the various sections will take place.

Oct. 14th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

The Action of Exalgine.

M. DESNOS has recently undertaken a series of researches on this new substance. He finds its influence on high temperatures to be very slight, whilst its action as an anodyne is, on the contrary, very marked. He insists, however, on the sensations, almost amounting to vertigo, which not unfrequently manifest themselves when the drug is administered under certain conditions. Sweating, often profuse, was also noted in many instances, often localised or most marked at the spot where the pain for which the drug was given had its seat. These drawbacks did not usually supervene except when the dose administered ranged from 50 to 75 centigrammes. With the latter amount very slight cyanosis, which often escaped observation, was developed. He finds that the alteration of the blood does not go the length of developing methæmoglobin, as has been asserted by Henocque, but there was a certain amount of destruction of oxyhæmoglobin. Generally speaking, this substance is well borne by the digestive organs, eruptions being rarely or never developed. The urinary secretion is usually diminished in quantity and gives chemical reactions, showing the presence of exalgine in considerable quantity, which goes to show that it is largely eliminated by the kidneys. As to dose, 25 centigrammes will sometimes suffice; 50 centigrammes, however, is an average dose, but as much as one gramme and a half may be given in twenty-four hours, in divided doses of 25 centigrammes. M. Desnos has employed this substance in facial neuralgias,

especially of a congestive origin. In a case of ophthalmic zona one gramme and a half relieved the suffering, which was most acute. Cure was also soon brought about by means of exalgine in neuralgia of a syphilitic or anæmic origin. In intercostal neuralgia the relief obtained was not so satisfactory, while in that of the abdominal regions again the effect was good. In a severe case of sciatica the exhibition of one gramme and three-quarters during a period of three days completely removed the pain. It was also found of great service in a case of renal colic; while in tabes dorsalis it appreciably diminished the lightning pains. In short, exalgine is an important addition to the Pharmacopœia, and will be found of service in suitable cases, provided it is handled with ordinary care and intelligence.

The Etiology and Treatment of Tetanus.

At a recent meeting of the Academy of Medicine M. Nocard read a paper by M. Peyraud on this subject. M. Peyraud, having inoculated a number of rabbits with an infusion which he made from hay, says he was able by this means to bring on an attack of tetanus in 50 per cent. of the animals inoculated. The animals thus inoculated succumbed in the proportion of five out of every six. M. Peyraud has a theory that a chemical substance capable of exciting symptoms analogous to those caused by the invasion of the system by a given micro-organism will prove by inoculation to be a vaccine against the ravages of the microbe. He has applied this theory to strychnine, considered as the vaccine against tetanus. His method of proceeding was as follows: He injected hypodermically for a period of five or six days a dose of strychnine, varying the dose according to the size of the animal and the appearance of the convulsions. The animals being thus prepared, he inoculated them with pus obtained from an animal previously dead of tetanus. Ten of such rabbits were inoculated; but, in addition to these ten already prepared, he inoculated, as a controlling experiment, four others not previously protected by strychnine vaccination. The whole four non-vaccinated ones died and three of the ten vaccinated. The death of three of the prepared animals was attributed to a supplementary injection of strychnine which proved too strong. M. Nocard repeated these experiments by following a somewhat different method. He prepared a pure culture of tetanic bacilli from a lamb. Then he took ten rabbits and injected under the skin of each, for five days in succession, ten drops of a solution of sulphate of strychnine of the strength of 1 in 1000. He next inoculated the ten with his bacillary culture, controlling the experiment by at the same time inoculating ten untouched rabbits with the same culture. The result, however, was that they all died in from three to five days. He repeated the experiment with slight modifications, but the result was not less disastrous. The conclusion, therefore, was obvious.

Identity of Human and Animal Diphtheria.

In support of this proposition, M. Delthil points out that diphtheria may be met with in many different animals with symptoms almost identical. The bacillus of the disease in man, when inoculated on animals, multiplies with rapidity; and the disease itself may be retransmitted to man with its original characters. From these facts, and from the history of the disease, M. Delthil concludes it is identical in man and animals. He records thirteen personal observations, and cites in addition several facts noted by different observers, all of which go to show that the transmission of diphtheria from animals, and especially from birds, to man has taken place under circumstances often diverse and little thought of. In conclusion, he urges that if the identity and transmissibility of human and animal diphtheria are admitted, it follows that stables, poultry-yards, dovecots, &c., are very likely to contain the germs of the disease, and to favour in consequence its spread. He therefore urges the necessity for a thorough and constant inspection of all markets, poultry yards, and dwellings where domestic animals and fowls may be kept, and he points out that the initiative in this respect has already been taken in Germany, Italy, and Switzerland.

Statistics of the Pasteur Institute.

During the month of September, according to the report just issued, there were 158 persons treated at the Pasteur Institute. Of these, 49 were bitten by dogs proved by experiment to have been rabid, 93 by animals recognised as rabid after veterinary examination, and 16 by animals suspected of rabies. Of the animals, 141 were dogs and 17 cats.

Paris, Oct. 14th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

The Oldest French Book on Surgery.

Dr. Pagel of Berlin has found the oldest French work on surgery among the manuscripts of the Royal Library here, and is publishing it in the *Archiv für Klinische Chirurgie*. It was written in the beginning of the fourteenth century, and its author was Henri de Mondeville. He deals in great detail with all the measures necessary for the treatment of surgical cases, and gives exact instructions for the male and female attendants. Many of these instructions afford significant glimpses of domestic life nearly six centuries ago, not only in the palaces of princes, but also in the hovels of the working people and bondsmen. The author frequently intercalates rules for the guidance of the surgeon in his dealings with patients and their relatives. He instructs his professional brethren, for instance, how to wring their fees—"*salariam extorquere*"—from wealthy but ungrateful patients. Passages of this kind give a vivid idea of the social position of physicians and surgeons in that remote period; they also increase our knowledge of the superstitions of that time. Besides this, the work gives a pretty complete idea of the state of surgery in the fourteenth century. Its author was one of the most eminent surgeons of his time. After studying in Paris and Montpellier, especially under Jean Pitard, he became a professor of medicine and surgery. In 1301 he was appointed physician in ordinary to Philip IV. of France, surnamed the Handsome, whom he accompanied to Flanders. He began the book in 1306, but his progress was slow, owing to the multiplicity of his professional engagements. A long delay was caused by the circumstance that he accompanied Philip's brother, Charles de Valois, as army surgeon, to Arras and England. Thus it happened that the book was still unfinished at the time the author died of lung disease, about the year 1318. Besides the Berlin manuscript, Dr. Pagel has used for his edition (the first ever published) three manuscripts belonging to the French National Library, which were lent to the Berlin Library by Leopold Delisle, the head librarian there, for this purpose.

Births, Marriages, and Deaths in Prussia in 1889.

THE number of children born alive in Prussia in 1889 was 1,094,504, that of those stillborn 42,084, and the number of other deaths 682,719, so that the natural increment of the population was 411,785. The corresponding figures in 1888 were 1,091,218 living births, 42,780 stillbirths, 665,429 other deaths, and 425,789 increment. As regards deaths and increment the year 1888 was the best since 1879, and 1889 the second best. The increment in cities and towns in 1889 was 132,390, in the country 279,395. The number of marriages in 1889 was 240,996, against 233,421 in 1888 and 229,999 in 1887. The death-rate in 1889 was 24·8 per 1000, and 24·5, 25·5, and 27·8 in the preceding three years respectively. The birth-rate in the same years and in the same order was 38·9, 39·2, 39·5, and 39·5; the marriage-rate 16·5, 16·1, 16·1, and 16·3.

Municipal Samaritanism.

Some weeks ago Berlin was shocked by certain details of a fire which took place during the night, and to which four persons fell victims. In one case it was, rightly or wrongly, believed that if medical assistance had been available in time the victim would have been saved. This deplorable event has given the *Berliner Klinische Wochenschrift* an opportunity of discussing the question of providing medical assistance in cases of sudden emergency. It suggests that if the city and the police would take the matter in hand conjointly a suitable scheme might be set in motion. The establishment and management of rescue stations could easily be conducted from a central office in such a manner that they could be exactly adapted to the needs of the population, and would serve mainly by day and by night as collecting stations for the hospitals. Out of the hitherto voluntary medical associations an official institute on the model of the Paris Assistance could be developed, supported by the financial guarantee of the city. The article concludes thus: "In our opinion, it is the business of the city to take this task in hand for the public benefit. And, indeed, the only difficulty is that of getting the money, for want of which the work must by no means be permitted to be left undone."

Medical Requirements for Service in the Tropics.

Army Surgeon Dr. Kohlstock has just published an instructive article in the *Deutsche Kolonialblatt* on the medical requirements for service in the tropics. The main thing, he says, is freedom from predisposition to hereditary diseases. Freedom from all organic defects is also absolutely necessary, especially from disease of the heart, which is likely to prove fatal in malaria. No one who has had rheumatic fever should serve in the tropics. The lungs must be in good breathing condition. All who suffer from stomachic complaints, or from hypochondria or melancholy, should keep away from the tropics.

The Treatment of Apprentices.

The Bakers' Guild in the town of Schleswig lately requested the opinion of the Medical Board of the province of Schleswig-Holstein on the question whether attendance at schools for the further instruction of lads whose term of compulsory school attendance is ended is detrimental to bakers' apprentices, and has received the following answer: "From the description given, it appears that even when the work is ended comparatively early, the mid-day hours cannot as a rule be devoted to rest, still less to sleep. There remain, therefore, from two till ten or twelve o'clock, at least eight, at most ten, hours of 'leisure.' Now, a young person in the years of bodily development should sleep at least eight hours. It is probable, however, and is confirmed by the description given by the bakers' guild, that their hard and unaccustomed work renders it necessary for bakers' apprentices to sleep still longer. Under existing circumstances, therefore, their 'leisure' is just sufficient and no more—in many cases probably insufficient—for the necessary amount of sleep. The further shortening of the time of sleep is certainly not admissible. It would be utterly wrong, however, to conclude from this that the apprentices should not attend the supplementary schools. Now that instruction in such schools is recognised as useful and necessary for them the time for attendance will certainly have to be found in part at the expense of their work. We can find an explanation for the wish of the baker's guild to see the apprentices freed from attendance at the supplementary schools only in the utterly erroneous and pernicious notion that, except what is required for eating and sleeping, all the apprentice's time belongs to his master, and that his working capacity must be taken advantage of to the utmost. Unfortunately, this notion is widespread among tradesmen and merchants. Very many of them forget that the apprentice is to work in order to learn, and that during his apprenticeship he has to educate himself not only in his calling, but also generally and physically, in order to become a useful member of the State and of the community." This noteworthy document is signed by Medical Councillor Dr. Bockendahl, Professor Quincke, and Professor Werth.

The Imperial Medical Calendar.

The first part of the *Reichs-Medizinal-Kalender* (*Imperial Medical Calendar*), edited by Dr. S. Guttmann, has appeared. The uses, doses, and formulæ of the medicines contained in the German Pharmacopœia for 1890 are treated by Professor Liebreich in an article of the greatest value to practitioners. The information about watering-places and other health resorts is admirably arranged. The supplement contains an article on the hygiene of dwellings by Professor Pettenkofer. The second part of the *Calendar* will appear soon.

Erratum.—There is a misprint in my last letter. Dr. Barth of Berlin has not been appointed Professor of Osteology at Marburg, but of Otiatrics.

Berlin, Oct. 14th.

EGYPT.

(FROM OUR OWN CORRESPONDENT.)

Absence of Cholera from Egypt.

THE cholera telegrams from this part of the world have for the last two months been dated from Cairo, and it is only natural that people in England and elsewhere should have come to the conclusion that the dread scourge had actually visited us. Perhaps I may therefore be permitted to remind your readers that no authentic case of cholera has occurred in Cairo or in any other part of Egypt since the epidemic of 1883. The cholera news which has appeared almost daily in the English press has had reference exclusively to the disease which appeared in Asia (not in Africa even) on the other side of the Red Sea. The Mussulman pilgrims conveyed it from Mecca to the port of Jeddah, and there of course seemed a great risk of the Egyptian caravan returning with it to Egyptian ports. Prompt action had therefore to be taken by the Quarantine Board of the Egyptian Government, and, acting on the sound principle that however unnecessary strict quarantine may be for a sanitary country like England, and that no country deficient in ordinary sanitation can afford to risk the reception of exotic epidemic infection, they placed all returning pilgrims under strict control the moment they entered Egyptian waters. This was felt to be all the more necessary because no great confidence was felt in the sanitary regulations of Arabia. In former epidemics in Egypt cholera has appeared in the hot summer months (as in June, 1883), and it is confidently believed that the disease will not now occur in this country.

Present Quarantine Laws.

Originally there were fourteen quarantine ships at El Tor, the chosen station 120 miles south of Suez, but now the number has been reduced to seven, which accommodate some 5000 pilgrims. Each ship holds a number varying according to its size from 500 to 1000, and is in a separate quarantine section, about 200 yards apart from the next ship. For purposes of regulations the pilgrims are divided into two classes—those foreign to Egypt, who are returning to Turkey, Morocco, Tunis, and Algiers, and those belonging to Egypt, who are escorting the sacred caravan which makes its annual voyage from here to Mecca. The foreigners are kept in strict quarantine for twenty days after the last case of cholera has occurred in their own particular section; that term being completed, they are twice disinfected, together with the ship, their clothes, and other effects, and then allowed to traverse the Suez Canal in strict quarantine. In order to enforce this, each ship is escorted by a launch, containing soldiers, at its bow and another at its stern, while mounted patrols on the banks accompany it through the canal, and are ready to shoot at anyone attempting communication with the shore. The Egyptian pilgrims, on the other hand, are treated with greater observance and severity. They also must wait until twenty days have elapsed since the last case in their section; then, after undergoing thorough disinfection twice, they are despatched to a second quarantine camp at Ras Mallap, a spot fifty-six miles from Suez. Here they stay three days in tents, and, after satisfactory inspection and disinfection, they are allowed to go to Suez to again undergo inspection before being allowed to land on Egyptian soil. Every sick man, whether thought to be suffering from cholera or from any other disease, is at once removed from his section and put in a hospital. No efforts and no expense have been spared to make these regulations successful, and it is satisfactory to know that no case of cholera has occurred at El Tor since Sept. 26th, when there was one patient reported from a section of Turkish pilgrims.

Cairo, Oct. 7th.

NEW ZEALAND.

(FROM OUR OWN CORRESPONDENT.)

Sanitary Affairs.

DR. OGSTON, Lecturer on Hygiene in the University of Otago, has, in the last number of the *New Zealand Medical Journal*, drawn attention to sanitary affairs in the colony. He states that in all, or nearly all, the laws and regulations relating to sanitary matters are permissive only, and, like all permissive laws, are not carried out as they should be. The Public Health Act of 1876, with its amending clause in 1878, provided:—(1) That central and local boards *may* be established; (2) that medical officers of health, port sanitary officers, surveyors, and inspectors of nuisances *may* be appointed; (3) that during epidemics regulations *may* be made relating to them; (4) that parties *may* be prosecuted for neglect or violation of these regulations. The only compulsory clauses in these Acts are:—(1) That householders *must* give notice to the local board of the occurrence of all cases of infectious diseases, under a penalty of not more than £10, and that the medical

attendant *must* give notice to the householder that the disease belongs to that category; (2) that local boards *must* report annually, in June, on the general sanitary state of their districts. After describing the machinery which has been permissively provided for carrying out these enactments, Dr. Ogston goes on to show how the working of the Act has come short of its intention. We know how in the past these enactments have not been carried out in many instances, so we may predict how it will be in the future, and that general sanitation will continue to be neglected, in spite of the warning we had lately with regard to the antediluvian system of drains in vogue in our capital city, Wellington, the condition of which carried grief and nearly disaster into the household of our governor. Port sanitary work is well carried out, and quarantine establishments are maintained in pretty good condition; but that is nearly all that is being done, for, though local boards are in existence, in only a few cases do they, or can they, do any real work. Where they have appointed sanitary staffs the men appointed have either had little or no training in their duties, or else (where they do bring efficient knowledge to their office) they are, by the neglect of the requirements of the Act on the part of the local boards, so seldom employed that they not only lose interest in their work, but also gradually from disuse forget the knowledge they once possessed as expert sanitarians. Dr. Ogston then suggests a scheme, mainly based upon the methods at home, by which our sanitary laws might be effectively carried out and a proper department of sanitation inaugurated.

Dunedin Hospital: A Royal Commission.

A Royal Commission was opened at Dunedin on Aug. 20th, superintended by Sir James Hector, M.D., and Mr. E. H. Carew, R.M., to investigate the charges made by Dr. F. Batchelor (lecturer on Midwifery and Gynæcology in the Dunedin Medical School) respecting the sanitary condition of the Dunedin Hospital. Dr. Batchelor is reported to have stated in evidence before the Commission that the building was never intended originally as a hospital, and was totally unfit for one; that the wards were too small, the floors and ceilings unsatisfactory, the lighting insufficient, the system of ventilation bad and purely haphazard, and that the patients were always complaining of draughts, enlarged glands, and sore-throats. He stated that the sanitary condition generally prevented him from performing gynæcological operations with safety. He also complained of overcrowding, and that the medical students were unable to get full instruction; also that the "Nurses' Home" was unsuitable, and that they suffered in consequence from anæmia. The evidence of the house surgeon was corroborative of the above, and the inquiry is proceeding.

A Maori Murder Case, giving an Example of a Curious Native Custom.

In June last information was forwarded to Inspector Pardy that a native woman had been murdered at Piranui, a Maori *pah* (settlement) up the Waitotara river, by her husband, and that the body had been interred about a fortnight. The New Zealand Government insisted on an inquiry, and instructed Inspector Pardy to proceed to the spot with a party of armed constabulary and a medical man to conduct the post-mortem. The police party met at Waitotara (a small village about twenty miles from Wanganui, North Island), and consisted of Inspector Pardy, Dr. G. R. Saunders, three armed constables, and two civilians; the latter, besides acting as guides, were acquainted both with the deceased and the exact site of the grave. Anything like a post-mortem is strictly tabooed by the Maoris, and they would strenuously resist any attempt at a disinterment. It was obvious, therefore, that the best opportunity for carrying out the order of the Government would be the temporary evacuation of the *pah* by the Maoris. They were consequently coaxed to come down from Piranui (which is about forty miles inland from Waitotara) to Waitotara to a sitting of the Native Lands Court, which, luckily, was being held at Waitotara at that particular time. It was ascertained that the Maoris had tumbled into the trap laid for them, and were coming down the river in canoes. Inspector Pardy then decided to proceed to Piranui at once through the bush, thus avoiding the natives as they came down the river. The troubles of the police party then began. The guides lost their way in the bush. The country was the roughest that the inspector had, during a thirty years' colonial experience, traversed. The journey took five days instead of two and a half, the creature comforts consequently ran out, and that, coupled with the long, weary tramp through the bush, completely knocked up the party ere they got back to civilisation. Anyhow, the expedition was crowned with success. Piranui was found a deserted village; the grave was discovered, the body exhumed, recognised, and a post-mortem examination was made. The magisterial inquiry was held at Wanganui a few days later. A number of the Maoris resident at Piranui were subpœnaed and examined. The result of the post-mortem showed that the deceased met her death by violence; a hæmatoma was found under the aponeurosis of the scalp, and the liver was extensively ruptured. During the investigation the prosecution brought out the fact that the deceased woman's relatives from an adjoining *pah* had, two days after the alleged murder, proceeded to the Piranui settlement and stuck up a post in the centre of the *pah*. On this being inquired into, it was discovered that a native custom of great antiquity exists that when "blood is shed" the relatives of the aggrieved party can claim compensation for the injury done. In this case the demand was made, and it came out that the husband had paid away as compensation a double-barrelled gun, a large piece of greenstone (jade), and fifty-two acres of land. The police relied a good deal on this evidence for obtaining the committal of the prisoner (who had previously been easily captured) to the Supreme Court on a charge of murder. However, the majority of the natives shielded the prisoner, evidently thinking that what he had already paid away as compensation was sufficient punishment, and the prisoner was committed on the minor charge of manslaughter. Through the instrumentality of a licensed interpreter I am enabled to forward a *literal* translation (from the Maori) of the native custom above alluded to. As it may be of interest, I enclose it, word for word, as received:—

"The post," being planted in the middle of "the marae" (village green), is the Maori custom of challenge or demand for satisfaction for blood which had been shed by the people of the village; the blood so shed being of a person belonging or nearly related to the party challenging; and, if the party so challenged do not at once make compensation, by delivering up a great quantity, or all, of the goods and valuables they possess, the party who challenged, by sticking up the post, will seize upon one of the people of the village belonging to the tribe so challenged, which person so seized would in former times have been cooked and eaten, but in these days would be merely forced to marry a man, or a woman, as the sex may be, of the tribe who planted the post in the first place.

Obituary.

DR. ALFRED VOGEL.

AT Munich, on the 9th inst., died Dr. Alfred Vogel, honorary professor in the University there, and (as a result of his twenty years' professional work at Dorpat) Privy Councillor of the Russian Empire. He was born at Munich on March 31st, 1829, his father being the distinguished chemist, Professor Heinrich von Vogel, Aulic Councillor at the Bavarian Court. He studied first at Munich, then at Berlin and Würzburg, and in 1852 graduated in medicine at the Munich University, where he became *docent* in 1855, and extraordinary professor in 1865. Next year he settled in Dorpat as Professor of Special Pathology in the University, a post which he held with great success till 1886. His services to Russia in that essentially German school were recognised by the Czar, at whose instance he was decorated with several orders, and received the further honour of admission to the Privy Council. His twenty years' professoriate in Dorpat, however, left him more than ever eager to return to his native Munich, where he was welcomed back to fill the posts of Professor Honorarius and President of the Pædiatric Clinique in the "Reisengerianum." In this latter office he displayed the energetic and philanthropic virtues which were distinctive notes of his character, and was continuing to make the institution year by year an even greater success when a severe illness overtook him just a year ago. In addition to his work both in the

lecture-room and by the bedside, he was a most prolific author, and published among other treatises: "Der Typhus im Münchener Krankenhause," and "Das Lehrbuch der Kinderkrankheiten," which quickly ran through ten editions, and was translated into nearly every living language. As we write, a new edition (the eleventh) is just announced. Dr. Vogel held a high place in professional and civic esteem, and amongst the distinctions he most appreciated was that of Honorary Member of the Munich "Aerztliche Verein." His house, a centre of cultured and refined intercourse in the city, as many a British resident and traveller can attest, owed much of its attraction to his wife (*née* Josephine Hesner), formerly Court singer to his Majesty the King of Bavaria. His death in all academic, literary, and professional circles in Munich is deplored as a heavy loss.

Medical News.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—The following gentlemen passed the Second Examination of the Board at a meeting of the Examiners on the 9th inst:—

Anatomy and Physiology.—E. C. Leach, of University College.
Anatomy only.—J. E. B. Wells and R. E. Nicholls, of St. Mary's Hospital; Stephen Infield and D. A. W. Martin, of Guy's Hospital; V. A. L. E. Corbould and V. P. Foote, of Charing-cross Hospital; F. H. de G. Best, of St. Bartholomew's Hospital.
Physiology only.—H. R. S. Clarke and Horace Potts, of University College; H. W. G. Bloomfield, E. C. Frend, W. E. Collier, and L. J. Godson, of St. Bartholomew's Hospital; E. J. H. Budge, J. H. Bettington, J. W. Eastment, and S. E. Worts, of Guy's Hospital; T. F. Long and H. T. Prince, of Middlesex Hospital; P. S. Snoad, of St. George's Hospital; E. W. Lewis, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology; L. V. Tebbs, J. H. P. Vivian, and A. A. Rostant, of St. Thomas's Hospital; C. A. Lees and O. C. Maurice, of St. Mary's Hospital; C. H. Bensley, of St. Mary's Hospital and Mr. Cooke's School of Anatomy and Physiology; J. R. Richmond, of King's College; C. H. Panting, of London Hospital; and Stanly A. Coad, of Yorkshire College, Leeds, and St. Mary's Hospital.

UNIVERSITY OF EDINBURGH.—The following gentlemen received the degrees of M.B. and C.M. on Oct. 13th:—

Adair, T. S., Derby.
Allen, J. D. C., Birkenhead.
Beattie, R. M., Dunedin, N.Z.
Bennett, W. H. H., Edinburgh.
Black, W. A., Edinburgh.
Bluck, W. C., London.
Boazman, W. H., Kelso.
Bower, Wm., Edinburgh.
Boyden, P. H., Pendeen Vicarage, Penzance.
Carmichael, Wm., Edinburgh.
Cowan, J. J., Edinburgh.
Currie, Wm., M.A., Hurlford.
Dalison, B. E., Edinburgh.
Dearden, A. J., Lytham.
Dixson, D. S., St. Mary's, Elie.
Dott, Alex., Lagean, Kingussie.
Douglas, D. G., Edinburgh.
Elliot, Samuel, Galashiels.
Fryer, R. A., Warwick.
Graves, D. H. M., Edinburgh.
Innes, Edward, Keith.
Jack, A. E. S., Conon Bridge, Ross-shire.
Jameson, G. B., High Beech, Loughton.
Ker, C. B., Cheltenham.
Knowles, Thos., Bellbusk, Leeds.
Kyle, P. M., Kelso.
Le Roux, H. G. F. E., Paarl, Cape Colony.
Lavison, Thomas, Edinburgh.
Little, R. E., Larbert.
Lowson, W. F. C., Forfar.
Macalister, J. D. L., Edinburgh.
Macdonald, A. G., Keith.
McKenzie, H. V., Bombay.
Mansfield, G. S., Bournemouth.
Marshall, F. W., New South Wales.
Miller, A. S., Edinburgh.
Mole, A. E., Sheffield.
Norman, R. W. C., Trinidad, W.I.
Nurse, J. S. M., Edinburgh.
Panton, John, Blair Athole.
Roberts, E. E., Auckland, New Zealand.
Rutherford, A. F., Dumfries.
Sansom, W., Barrow-in-Furness.
Shaw, W. J., Edinburgh.
Skae, F. M. T., Kirkwall.
Stephenson, R. S., Darlington.
Story, A. N. J., Clifton, Bristol.
Strachan, Robt., Arbroath.
Sturgis-White, R., Edinburgh.
Taylor, A. E., Cardiff.
Thornton, Peter, Fauldhouse.
Trench, F. P., Hyde-pk., London.
Wilson, T. N., Luddington, Stratford-on-Avon.
Wood, William, Egton, Yorks.
Young, J. B., Edinburgh.

PHARMACEUTICAL SOCIETY OF IRELAND.—The following have obtained the licence:—

V. S. Fielden, F. Harley, T. J. Martin, W. A. Lynasse, A. Walterson, J. A. Woodside, H. A. Gray, R. L. Thompson, W. P. Ryan, V. Carney, B. Cunningham, and J. S. Gilbert.

COTTAGE HOSPITAL FOR FARRINGDON.—A well-attended meeting was recently held at the Court-house, Farringdon, to consider a scheme for the establishment of a cottage hospital for the town and neighbourhood. Mr. T. L. Goodlake announced that Mr. W. Dundas, of the Elms, had offered to provide a site and building, and in addition to commence an endowment fund with a donation of £1000. Other donations were announced amounting to £600, and subscriptions promised up to £225. It is intended to provide six beds in the hospital, and a committee was appointed to report to a future meeting.

UNIVERSITY OF OXFORD.—At a congregation held on the 10th inst., the degree of D.Med. was conferred on William Wallis Ord, University.

BRISTOL MEDICAL SCHOOL.—The Annual Dinner will take place at the Montague Hotel, Kingsdown, on Saturday, Nov. 1st, at 7 P.M., F. Richardson Cross, F.R.C.S., in the chair.

PRESENTATION.—Mr. E. S. Blaker, B.A. Cantab., M.R.C.S., on resigning the post of assistant medical officer at the County Asylum, Devizes, Wilts, has been presented by the staff of the institution with a travelling bag as a mark of the esteem in which he was held during his three years' tenure of office.

A DOCTOR SHOT DEAD BY A LUNATIC.—Dr. George W. Lloyd, assistant superintendent at the Flatbush Insane Asylum, Brooklyn, was shot dead on the 9th inst. by James D. Doherty, lately an inmate of the asylum, but who had escaped, and had returned there on the day mentioned armed with two revolvers. Doherty is a half-witted man, and was supposed to be harmless. He was locked up in the asylum for persistently annoying the actress, Miss Mary Anderson.

NEW CHILDREN'S HOSPITAL, BRADFORD.—On the 7th inst., this hospital for the sick children of the poor, which has been erected at Manningham, Bradford, was formally opened by Mr. S. C. Lister. One wing of the building remains to be completed. The cost will be between £11,000 and £12,000, towards which the committee has already received £7000. The foundation-stone was laid in May, 1889, by Mr. Lister, when he contributed £5000 to the hospital fund.

SEWERAGE SCHEMES FOR CAMBRIDGE.—Mr. James Mansergh, M.Inst. C.E., who, having been consulted on this question by the urban sanitary authority of the town, has just issued a report to members of the Town Council. After criticising the schemes submitted to the authority, Mr. Mansergh expresses approval of the utilisation of the sewage upon the land by the well-known method of broad irrigation. As regards the pumping and disposing of the sewage, he makes several suggestions, and concludes his report with some advice upon the site for the disposal and treatment of the sewage by broad irrigation at Chesterton Fen.

SPREADING INFECTIOUS DISEASE.—At the Burton Police-court last week, two cases were brought before the magistrates for offences under the Public Health Act. The prosecutions were at the instance of the corporation. The first case was that of a boy, who was sent to a shop with a note whilst suffering from scarlet fever during the desquamatory period of the disease. The defendant (a widow) pleaded guilty. The Bench imposed a lenient penalty of 5*s.* and costs. The other case was that of a woman suffering from a mild form of scarlet fever, who had travelled on the railway from Aberdeen to Burton; thence she visited a friend, and afterwards took a cab to her home in the Branstone-road. Subsequently she was attended by Mr. Belcher, surgeon, who notified the case to the sanitary authority. The Bench deemed this a serious case, but as the expenses were heavy (upwards of £5) a fine of 5*s.* was inflicted.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The usual quarterly court of the directors of the Society was held on Wednesday, Oct. 8th, the president, Sir James Paget, in the chair. One new member was elected and the deaths of two reported. There were no fresh applications for relief. It was resolved that a sum of £1407 should be distributed among the recipients of grants at the next quarterly court. It was also resolved that a present be made next Christmas to the sixty-three widows, sixteen orphans, and three orphans on the Copeland Fund, now on the books of the Society—viz., £5 to each widow, £2 to each orphan, and £5 to each of the three orphans on the Copeland Fund. The expenses of the quarter were £60. A further legacy of £1500 from the executors of Miss Corpen was announced by the treasurer. The court expressed deep regret at the loss of one of their body, Dr. Matthews Duncan, who had been a munificent supporter of the Society, and passed a vote of sympathy to the family.

VACCINATION GRANT.—Dr. A. J. Mackintosh, of Downham Market, has received the Government grant for efficient vaccination in his district.

INSANITARY DWELLINGS.—At Greenwich, on Tuesday, Thomas Reeves was fined £20 for neglecting to close four houses at Lewisham which were unfit for habitation.

AT the London Hospital the Entrance Science Scholarships have been awarded as follows: first, value £75, Mr. M. Cameron; second, value £50, Mr. J. Haverson. And the Buxton Scholarships: first, value £30, Mr. W. J. Mortimer; second, value £20, Mr. E. H. Cooper.

NAVAL MEDICAL SUPPLEMENTAL FUND.—At the quarterly meeting of the directors of the Fund, held on the 14th inst., T. Russel Pickthorn, Esq., Inspector-General, in the chair, the sum of £66 was distributed among the several applicants.

DEATH OF MR. BYRAMJEE JEEJEEBHOY.—The death is announced of this distinguished Indian philanthropist. His munificent donations were chiefly devoted to educational purposes. Schools of medicine in Ahmedabad and Poona, and a high school at Panna, which are called after his name, owe their origin to his benevolence. Bombay, also, is rich in medical institutions and charities founded by his means.

THE NURSES' NEW HOME, SYDNEY.—The ceremony of laying the foundation-stone of this Home, in connexion with the Prince Alfred Hospital, was performed on Aug. 27th last by Lady Carrington, in the presence of his Excellency Lord Carrington and a large assembly. Sydney has long felt the need of such an institution. The site is situated on the northern side of the spacious hospital grounds, and the proposed building will contain suitable and complete arrangements for such a Home. It will provide room for all the trained nurses in the hospital. After this ceremony was concluded, her ladyship unveiled a bust of, also presented by, Miss Florence Nightingale.

BIRMINGHAM SOCIETY OF MEDICAL OFFICERS OF HEALTH.—The annual meeting of this Society was held at the Council-house on the 8th inst., Mr. H. May (Aston) presiding. The usual reports were adopted, and the officers for the ensuing year were elected. Dr. A. S. Underhill (Tipton), the new president, gave an able and interesting address. He stated, *inter alia*, that he could conceive no greater boon than the appointment of an officer who, in addition to his ordinary duties as a Factory Act surgeon, should also be the sanitary adviser and inspector to the works. A vote of thanks was accorded to Dr. Underhill, and the meeting terminated.

NORTHERN COUNTIES ROYAL ALBERT ASYLUM.—The annual meeting of this asylum for idiots and imbeciles was held at Sheffield last week. Sir F. Mappin, Bart., M.P., presided. The chairman, in opening the proceedings, said that great progress had been made in the institution from its very commencement, yet there still existed great opportunities for its extension and development. In 1882 the income was £17,000, now it was £23,000; then the number of inmates was 450, now it was 580. A vote of thanks was tendered to Lord Winmarleigh for his important services as chairman of the central committee, and regret was expressed that declining health had compelled him to resign. His lordship will be succeeded by the Right Hon. J. T. Hibbert.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—An examination for the certificate in Psychological Medicine given by the Medico-Psychological Association will be held in December. Candidates intending to present themselves for examination should apply for particulars and give fourteen days' notice in writing (unless unavoidably prevented) to either the general secretary of the Association, Dr. Fletcher Beach, Darenth Asylum, Dartford; the secretary for Scotland, Dr. Urquhart, Murray's Asylum, Perth; or the secretary for Ireland, Dr. Conolly Norman, Richmond Asylum, Dublin, according as they desire to be examined in London, Edinburgh, or Dublin. The exact date of the examination and further particulars will be advertised in THE LANCET.

CAMBRIDGE UNIVERSITY.—Mr. James George Adami, M.A. and M.B. of Christ's College, Demonstrator in Pathology, has been appointed John Lucas Walker Student in Pathology, in succession to Dr. Hunter.

ACCIDENT TO A DOCTOR.—Dr. B. E. Fordyce of Cambridge was driving in the town on Monday, when his horse slipped on an asphalte road and he was thrown from his carriage. He sustained a severe fracture of the skull, and it is feared that recovery is impossible.

ROYAL CHEST HOSPITAL, CITY-ROAD.—Mr. S. Hope Morley, the treasurer of the hospital, has handed to the secretary £2080 recently collected by him, and Mr. T. A. De la Rue has also collected £550 towards the liquidation of the existing debt on this charity.

UNIVERSITY OF ABERDEEN.—The University Court have appointed the following to be extra-professional examiners in medicine for next year—viz.: Dr. William Milligan, Manchester; Dr. Thomas W. Shore, London; Dr. Patrick B. Smith, Aberdeen; Dr. Robert J. Gordon, Aberdeen; Dr. Alfred Hill, Birmingham; Dr. James Galloway, London.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At the annual meeting of the Society, held at the Holborn Restaurant, London, on the 9th inst., Mr. Henry E. Armstrong, medical officer of health, Newcastle-on-Tyne, was re-elected president. On resuming the chair, the President thanked the members for the honour done him, and congratulated them on the progress and prosperity of the Society during the past year.

A STARTLING INCIDENT.—A telegram from St. Petersburg announces the following startling episode. Dr. Koucharsky, a young professor of medicine, had just ended a lecture on acids when he poured some drops from a phial into a glass. "Attention, young men," he said; "in two minutes you will see a man die. Good-bye to you all!" He drank the liquid, drew out his watch, and counted the seconds until he fell to the ground a corpse. The students were speechless and motionless; when they at last tried to apply antidotes it was too late. Professor Koucharsky was dead.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The first meeting of the thirty-fifth session, 1890-91, was held at the Royal Kent Dispensary, Greenwich-road, on Friday evening, Oct. 10th, when the following officers were elected for the ensuing session:—President: John Poland, F.R.C.S. Vice-Presidents: John MacGavin, L.R.C.P.Ed.; George Newton Pitt, M.D. Lond. Council: A. Stewart Brown, F.R.C.S.; Ernest Clarke, M.B., B.S.; Peter Cooper, M.R.C.S.; William Nicholson, M.D.; A. Lloyd Jones, M.R.C.S.; Chas. Parke, M.R.C.S.; John Gordon Mainwaring, M.R.C.S. Treasurer: Prior Purvis, M.D. Secretary: H. W. Roberts, M.R.C.S. Librarian: Ernest Clarke, M.D. The President subsequently delivered his inaugural address.

METROPOLITAN ASYLUMS BOARD.

Return of Patients remaining in the several Fever Hospitals of the Board at midnight on October 14th, 1890.

Hospital.	Beds occupied.						Total accommodation.
	Scarlet fever.	Diphtheria.	Typhus fever.	Enteric fever.	Other diseases.	Total.	
Eastern Hospital	269	51	..	87	7	414	442
North-Western Hospital	344	20	..	24	1	390	443
Western ,,	198*	8	..	10	..	216	262
South-Western ,,	251*	..	..	..	..	251	340
South-Eastern ,,	293	17	1	41	1	353	462
Northern ,,	431	30	..	..	..	461	480
Gore Farm ,,	39	..	..	..	..	39	100
Totals	1825	186	1	162	9	2133	2529

* 1 infant and mother.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column, are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

ARMITAGE, EDWARD, L.R.C.P., L.R.C.S. Edin., has been appointed Medical Officer for the Waltham District of the Grimsby Union.

BULLOCK, R., M.R.C.S., has been appointed Medical Officer to the Workhouse, Warwick Union.

BYRNE, Mr. HERBERT, has been appointed Resident Physician to St. Vincent's Hospital, Dublin.

COOPER, EDWARD, M.R.C.S., L.R.C.P. Lond., has been appointed House Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital, vice L. P. Gibson, resigned.

GALLOWAY, JAS., M.A., M.B. Aberd., F.R.C.S. Eng, M.R.C.P. Lond., has been appointed one of the Examiners in the Faculty of Medicine, University of Aberdeen.

GRUGGEN, L.K.Q.C.P. Irel., L.F.P.S. Glasg., has been appointed Medical Officer for the Sanitary Districts of the Barnet, Berkhampstead, Hemel Hempstead, Watford, and Welwyn Unions, and for the Barnet and Tring Local Board, vice Thompson.

GÜNTHER, THEODORE, M.D. Tubingen, L.R.C.P. Lond., has been reappointed Medical Officer of Health for the Hampton Wick and Teddington District.

HALL, B., M.B. Lond., M.R.C.S., has been appointed Medical Officer for the Bodenham District of the Leominster Union.

HAWTHRON, F. J., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Tettenhall District of the Seisdon Union.

HAY, FRANK, M.B., C.M. Aberd., has been appointed Assistant Medical Officer to the James Murray's Royal Asylum, Perth, vice G. Findlay, M.B., resigned.

HICKEY, Mr. GARRETT, has been appointed Resident Surgeon to Vincent's Hospital, Dublin.

KERR, D. O., M.B., C.M. Edin., has been appointed Medical Officer for the Stallinborough District of the Grimsby Union.

LESLIE, E. J. L., L.R.C.P., L.R.C.S. Edin., has been appointed Medical Officer for the Rural Sanitary District of the Alton Union, vice Wright.

MCCALL, ANTHONY, M.B., C.M. Glasg., has been appointed Public Vaccinator for the Conisborough District of the Doncaster Union, vice Dr. Hills, resigned.

MARSHALL, W. E., M.R.C.S., L.R.C.P. Lond., has been appointed Assistant House Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital, vice Cooper.

MUNRO, A. CAMPBELL, M.B., D.Sc., of South Shields, has been appointed County Medical Officer for Renfrewshire.

PEACHEY, ALLAN T., L.S.A., has been appointed Medical Officer for the Ballyconnell Dispensary District of the Bawnhay Union.

PECK, EDWARD G., M.A. Cantab., M.R.C.S., L.R.C.P. Edin., has been appointed Certifying Factory Surgeon at Bradford.

RAMSAY, E. C. A., L.K.Q.C.P. Irel., L.F.P.S. Glasg., has been appointed Medical Officer for the Fleetwood District of the Fylde Union.

SEATON, D., M.R.C.S., has been appointed Medical Officer for the Fourth District of the South Stoneham Union, vice Lilly.

SOUTHEY, A. J., M.R.C.S., has been reappointed Medical Officer of Health for Eton Rural and Urban and Slough Union Districts.

STEELE, E. Y., L.R.C.P., L.R.C.S. Edin., has been appointed Medical Officer of Health for the Rural Sanitary District of the Abergavenny Union, vice Paton.

TUPPEN, H. S., M.A., M.B., B.C. Cantab., M.R.C.S., L.R.C.P., has been appointed House Surgeon to the Royal Hants County Hospital, Winchester, vice T. Pagden, resigned.

WATKINS, HAROLD E., M.R.C.S., L.R.C.P., has been appointed Deputy Medical Officer and Public Vaccinator for the No. 4 District of the Warrington Union.

WILLIS, Mr. JAS. POWELL, has been appointed Assistant Demonstrator of Anatomy to the University of Durham College of Medicine.

YEARSLEY, P. MACLEOD, M.R.C.S., L.R.C.P., has been appointed Assistant Demonstrator of Anatomy at the Westminster Hospital.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement.

ANCOATS HOSPITAL, Manchester.—Honorary Physician.

BRADFORD INFIRMARY AND DISPENSARY.—House Physician. Salary £100 per annum, with board.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria-park, E.—Pathologist. Salary 100 guineas per annum.

CLAYTON HOSPITAL AND WAKEFIELD DISPENSARY, Wakefield.—Junior House Surgeon. Salary £25 per annum, with board, lodging, and washing.

COUNTY LUNATIC ASYLUM, Burntwood.—Junior Assistant Medical Officer. Salary £100 per annum, with board, lodging, washing, and attendance.

FLINTSHIRE DISPENSARY.—Resident House Surgeon. Salary £120 per annum, with furnished house, rent and taxes free; also coal, light, water, and cleaning, or in lieu thereof the sum of £20 per annum. (Apply to Mr. Cole, Secretary, Board-room, Bagillt-street, Holywell.)

GREAT NORTHERN CENTRAL HOSPITAL, Holloway-road, N.—House Physician.

LIVERPOOL DISPENSARIES.—Head Surgeon. Salary £200 per annum, with apartments, board, and attendance. (Apply to Mr. Greene, Secretary, Leith Offices, 34, Moorfields, Liverpool.)

LOUGHBOROUGH MEDICAL AID ASSOCIATION.—Junior Medical Officer. Salary £160 per annum, together with 10s. for each case of midwifery attended by him.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen-square, Bloomsbury.—Registrar and Pathologist. An annual honorarium of 50 guineas.

NORTH-WEST LONDON HOSPITAL, Kentish-town-road.—Assistant Surgeon.

NORFOLK AND NORWICH HOSPITAL.—Assistant House Surgeon for six months. No salary, but board, residence, and washing provided.

NOTTINGHAM BOROUGH ASYLUM, Wapperley Hill.—Resident Clinical Assistant for six months. No salary, but board and residence.

PADDINGTON-GREEN CHILDREN'S HOSPITAL, London, W. — House Surgeon for six months. Salary at the rate of £50 per annum, with board and residence.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City-road, E.C.—Assistant Physician.

ROYAL LONDON OPHTHALMIC HOSPITAL.—Clinical Assistants for one year. Also Junior Assistantships for six months.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Marylebone-road, N.W.—Surgeon to the Out-patient Department. The selected candidate will have to act as Pathologist.

SCARBOROUGH FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Assistant Medical Officer (out-door). Salary £140 for the first year, and £150 for the second year, if satisfactory, with an allowance for midwifery cases. (Apply to the Secretary, St. Mary's Walk, Scarborough.)

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—Junior Assistant House Surgeon. Salary £50, with board, lodging, and washing.

WALSINGHAM UNION.—Medical Officer for the Raynham District of the Union. Salary as Medical Officer, £38 per annum, exclusive of extra medical and vaccination fees.

Births, Marriages, and Deaths.

BIRTHS.

BATTISCOMBE.—On Oct. 7th, at Sandlings, St. Mary Cray, Kent, the wife of C. B. Battiscombe, M.B., C.M., prematurely, of twin daughters; one surviving her birth a short time, the other still-born.

GOODING.—On Oct. 12th, at 7, Bridgeland-street, Bideford, N. Devon, the wife of M. R. Gooding, L.R.C.P. Lond., M.R.C.S. Eng., of a daughter.

STEVENS.—On Oct. 10th, at Springfield, Tulse-hill, S.W., the wife of A. B. Stevens, M.B. Oxon., of a daughter.

TIMS.—On Oct. 6th, at Lupus-street, St. George's-square, S.W., the wife of H. W. Marett Tims, M.D., of a son.

MARRIAGES.

ANDERSON—TUCK.—On Oct. 7th, at St. Nicholas' Church, Great Yarmouth, Alexander Richard Anderson, F.R.C.S., eldest son of the late Colonel Richard Anderson, H.M. 56th Regt., to Edith Bessie, elder daughter of the late Charles Edward Tuck, Esq., J.P., of Blofield and Norwich.

GALLIMORE—HILL.—On Oct. 8th, at the Parish Church, Tattenhall, Thomas Gallimore, M.D., of Whitchurch, Salop, to Ethel Rose, daughter of the late John Hill, Esq., of Liverpool.

HEARNDEN—BELL.—On Oct. 8th, at St. Nicholas, Sutton, Surrey, William Alexander Hearnden, M.D., of Down House, Sutton, Surrey, to Caroline, widow of the late John Stanford Bell, Esq., late of The Lodge, Gatton Point, Redhill, Surrey.

LEEHE—LUDLOW.—On Oct. 9th, at St. George's, Hanover-square, W., Arthur V. Leehe, M.R.C.S., L.R.C.P., of Axbridge, Somerset, to Sarah C. Ludlow, youngest daughter of the late Dr. Ludlow, of Philadelphia, U.S.A.

OLIVER—CUFF.—On Sept. 24th, at Shoreditch Tabernacle, Hackney-road, by the Rev. Morrison Cumming, Pastor of Bury-St.-Edmunds, Dr. F. Hewitt Oliver, third son of Dr. Oliver, J.P., of Maidstone, to Eugenie Marianne (Genie), third daughter of the Rev. W. Cuff, of Amesbury House, Stoke Newington, N.

PARKES—MARSH.—On Oct. 9th, at the Parish Church, Kew, Alfred Parkes, M.R.C.S., L.R.C.P. Edin., of Longton, to Jessie, younger daughter of Edward Marsh, of The Hill, Stafford.

WEBBER—BRICKWELL.—On Oct. 8th, at Sawbridgeworth, Herts, Edward Samuel Webber, M.R.C.S., L.R.C.P., of Sutton Valence, Kent, to Edith, daughter of John Brickwell, Esq., of Slough.

WILLIAMSON—GUNN.—On Oct. 7th, at St. Columba's Church, Edinburgh, by the Rev. G. H. Webber, Rector of St. Mary's, Port Glasgow, Dr. George Williamson, Stonehaven, to Annie Constance, second daughter of A. H. Gunn, Esq., Marionville, Edinburgh. (No cards.)

WINN—HILTON.—On Oct. 14th, at the Friends' Meeting House, Wanstead, Thomas Cromwell Winn, M.R.C.S., of Well-street, Hackney, to Marie Elmore (May), daughter of John Hilton, Esq., of Langveld House, Bow, E.

DEATHS.

NOWELL.—On Oct. 9th, at New Brighton, Morley (the residence of his son-in-law), William Nowell, M.R.C.S., L.S.A., Consulting Surgeon to Halifax Infirmary, aged 65.

PIERCY.—On Oct. 8th, at Bel Royal Villas, Jersey, Frederic Piercy, retired Staff Surgeon, Royal Navy, aged 56.

ROBOTHAM—On Sept. 12th, at Mamichan Park, Vancouver Island, B.C., John Harrison Robotham, Deputy Surgeon-General, retired list, A.M.D., aged 62.

STUDDERT.—On Sept. 28th, at his residence, Pier-road, Erith, Richard Charles Studdert, M.D., M.B.Dub., L.M.K.Q.C.P.Irel., aged 32.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, October 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.
ST. MARK'S HOSPITAL.—Operations, 2.30 P.M.; Tuesday, 2.30 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.
UNIVERSITY COLLEGE HOSPITAL.—Ear and Throat Department, 9 A.M.; Thursday, 9 A.M.
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Opening Address by the President. Mr. Knowsley Thornton: The History of Ovariotomy.
HOSPITAL FOR DISEASES OF THE THROAT (Golden-square, W.).—Dr. J. W. Bond: Laryngitis. (Post-Graduate Lecture.)

Tuesday, October 21.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.; Fridays and Saturdays at the same hour.
GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics, same day, 2 P.M.
THE SANITARY INSTITUTE (Parkes Museum, Margaret-st., W.).—8 P.M. Prof. W. H. Corfield: Sanitary Appliances.
MEDICAL OFFICERS OF SCHOOLS ASSOCIATION.—3.30 P.M. Mr. Noble Smith: Education without Deformity.
PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Sidney Martin: Chylous Ascites.—Dr. Norman Moore: (1) New Growth in Lung of Child; (2) New Growth in the Liver.—Mr. Bernard Pitts: Incarcerated Hernia, with Ulceration of Intestine.—Dr. Samuel West: Tumour in Portal Fissure.—Mr. L. Bidwell: Fibroid Polypus of Trachea.—Mr. James Berry: Fifty Loose Bodies from the Knee-joint.—Dr. Phineas S. Abraham: Supposed case of Indigenous Leprosy.—Dr. H. D. Rolleston: Gumma of Lung. Card Specimens:—Mr. Stephen Paget: Mulberry Calculus.—Dr. H. D. Rolleston: (1) Duodenal Pouch; (2) Perinephritic Abscess opening into Duodenum; (3) Loose Body in Peritoneal Cavity.

Wednesday, October 22.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M. Operations by the Obstetric Physicians on Thursdays at 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 3 P.M., and on Thursday and Friday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M. Thursday & Saturday, same hour.
ST. PETER'S HOSPITAL, COVENT-GARDEN.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 1.30 P.M.; Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M.; Surgical Visits on Wednesday and Saturday at 9.15 A.M.
HUNTERIAN SOCIETY.—8 P.M. Mr. F. R. Humphreys: Notes on some cases of Perityphlitis.—Dr. Charlewood Turner: Cerebral Lesions in Chorea. The President will also show Living Specimens of Embryo Filaria Sanguinis Hominis.
BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Adjourned Discussion on Dr. Robert Barnes's paper on the "Correlation of Sexual Functions with Mental Diseases." Specimens by Dr. Bantock.
HOSPITAL FOR DISEASES OF THE THROAT (Golden-square, W.).—Dr. Norris Wolfenden: Laryngeal Phthisis. (Post-Graduate Lecture.)

Thursday, October 23.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations, Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Ear and Throat Department, 9 A.M.
CHARING-CROSS HOSPITAL.—4 P.M. Mr. Sheild: Selected Surgical Cases. (Post-Graduate Course.)

Friday, October 24.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M
CLINICAL SOCIETY OF LONDON.—8 P.M. Living Specimens:—Dr. Sidney Phillips: A case of Defective Development allowing the Protrusion of Heart with each Systole.—Dr. Elwin Harris: A case of Functional Paraplegia of Ten Years' Duration in a Man aged Seventy. And other cases. 9 P.M. Papers:—Mr. Arbuthnot Lane: A case of Mixed Enchondroma of the Submaxillary Gland.—Dr. Elwin Harris: A case of Aneurysm of the Arch of the Aorta for which the Left Common Carotid was Tied.—Dr. Finlay: A case of Tubercular Peritonitis and Double Pleurisy resulting in Recovery
THE SANITARY INSTITUTE (Parkes Museum, Margaret-st., W.).—8 P.M. Mr. J. Wright Clarke: Details of Plumbers' Work.

Saturday, October 25.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; and Skin Department, 9.15 A.M.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, Oct. 16th, 1890.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia. in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Oct. 10	30·45	S.E.	46	44	92	63	41	..	Foggy
,, 11	30·37	S.W.	47	46	90	62	44	..	Foggy
,, 12	30·42	S.W.	47	46	92	66	45	..	Foggy
,, 13	30·40	S.	42	42	71	64	42	..	Foggy
,, 14	30·21	S.	42	41	62	60	42	..	Foggy
,, 15	29·80	S.W.	54	51	78	57	42	..	Cloudy
,, 16	29·64	S.W.	47	44	88	56	43	·13	Cloudy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

We cannot undertake to return MSS. not used.

PROFESSIONAL OPINION ON COMMERCIAL UNDERTAKINGS.

THE profession has been flooded with circulars tempting them to give support to a proposed Bread Company, and leading them to understand that special consideration will be given to medical men who apply for shares in consideration of the fact that the strong position of the Company is owing to the initial support of the profession. We cannot admire such use of professional opinion, which has a very commercial look.

Alpha.—We regard A's action in this case as a breach of his bond. We should advise B to remonstrate strongly—privately, perhaps, in the first instance, but with a clear intimation that he will refer the case to his lawyer if the remonstrance is unheeded.

Sperans.—British Medical Benevolent Fund; Secretary, E. East, Esq., 16, Upper Berkeley-street, W. The Society for the Relief of Widows and Orphans of Medical Men; Secretary, J. B. Blackett, Esq., 28, Queen-street, W.

A LETTER has been received from Street, Somerset, without signature or card.

PATENT MEDICINES.

To the Editors of THE LANCET.

SIRS,—I have read with much interest your criticisms upon my article, "Homicide as a Misadventure," in the current number of the *National Review*. I fully concur with your remarks in your issue of Oct. 4th as to the difficulties surrounding the subject treated of. I trust, however, you will pardon me for directing your attention to a point which appears to have escaped your observation and remarks—viz., the question as to the correctness of the term "patent medicine" as now applied to all preparations bearing Inland Revenue stamps. There are, as the preamble to the Act, 1783, enunciates, two very distinct kinds of medicines liable to and bound to bear the medicine stamp—one particularly specified in the Act, 1785, and the other sold under Letters Patent. The first are usually *secret*, the others always *patent*, as to their contents, and registered at the Patent Office. These last are the only medicines which can claim the exemption of Section 16 of the Pharmacy Act, 1868. Consequently, all others containing poisons are subject to the obligations, restrictions, and penalties of Section 17 of the said Act. If this view be accepted and adopted, it will do much towards the great desiderata of the present phase of the so-called "patent medicines."

I am, Sirs, your obedient servant,

Elgin-crescent, W., Oct. 7th, 1890. HENRY W. HUBBARD, L.R.C.P.

CAUTION AGAINST DRIED MUSHROOMS.

THE Berlin police have issued a caution to the public against so-called "dried mushrooms," which are being sold, and which very frequently contain poisonous fungi. The caution calls attention to the fact that edible mushrooms when dried remain white, while poisonous varieties acquire a bluish tint.

Gynæcologist.—We always insist upon the greatest delicacy and consideration of the feelings of the patient being manifested, and object to all unnecessary exposure in such operations as the one to which our correspondent refers. Indeed, we think the left lateral decubitus is preferable, both for ease of operation and avoidance of exposure. At the same time we do not deny that there are certain circumstances, especially as to light in a room or the nature of the bed, where examination or operation in the position to which our correspondent objects may be justifiable.

Mr. A. J. G. Barker.—We should think it a very difficult thing in law for the principal to show the assistant's liability in this case, and we cannot believe that he will press such a claim. The assistant was offered a holiday without contract or conditions, and took the offer as being generously made.

X. Y. Z. raises quite another question, which has been already fully discussed.

J. B. S. will get some aid by consulting our advertising columns.

"MATERNAL IMPRESSIONS."

To the Editors of THE LANCET.

SIRS,—It would be well if something could be done to settle the question of the potency or impotency of maternal impressions. There must be a large amount of available material in the possession of the profession from which definite conclusions might be drawn. If it is true that maternal impressions do influence the development of the fœtus in utero, then such sickening specimens of maimed or deformed humanity as are frequently seen in our streets should not be allowed to make the most of their deformities for the purpose of begging. Neither should such persons be used for exhibition at places of public entertainment. The following case is to the point.

A lady in comfortable circumstances, aged twenty-four years and of no marked emotional temperament, engaged me early in 1883 for her second confinement. The patient was exceptionally robust, and her little girl, then nearly two years old, was in every respect healthy. The patient informed me that early in her pregnancy she had seen a man begging whose arms and legs were "all doubled up." The sight gave her a shock at the time, but she hoped no untoward effect would follow. I, of course, endorsed her hopeful view of her case, and urged her not to trouble herself any further. In due course I was summoned, and on examination found a shoulder presenting. The time of day being that in which all my medical neighbours would be out, I persuaded the patient to allow me to turn without giving chloroform. The operation was performed with some difficulty. The child was an anencephalous monster. The extremities were rigidly flexed, the feet almost sole to sole, and the fingers firmly clenched. The child could only have been dead a few hours. The mother was, of course, desirous of seeing her child; but I dissuaded her from this by assuring her that although this child was imperfect there was no reason why she should not be more fortunate next time. The patient made a good recovery, and shortly afterwards changed her residence. Four months later she became again pregnant, and unfortunately she frequently passed a man who was a partial cripple living in the same road. This circumstance revived the patient's fears; but she did not appear to be much depressed, and she was quite hopeful regarding her coming infant. The confinement took place at full time, and presented precisely the same difficulties as on the previous occasion. The child also was a counterpart of the last one, with the exception of the head, which was normal. After an interval of a few months my patient became again pregnant, and this time she was delivered of a strong and undeformed child.

I am, Sirs, yours obediently,

CHAS. W. CHAPMAN, M.D.Dur., M.R.C.P.Lond.

Fitzjohn's-avenue, N.W., Oct. 13th, 1890.

Dr. J. Hunter (Portsmouth).—We are not in possession of the information, which, however, may no doubt be obtained by application to the Secretary of the Association, St. John's Gate, Clerkenwell.

J. W.—A list of medical tutors is given in our Students' Number, published on Sept. 6th last.

THE AFTER-HISTORY OF A CASE OF CÆSAREAN SECTION.

To the Editors of THE LANCET.

SIRS,—The patient mentioned by Mr. Lawson Tait in your last issue was delivered by me on Jan. 11th, 1889. Knowing her history, and that she had been advised on good authority not to allow her pregnancy to run on to its full time, I brought on labour, and delivered her of a living male child of about six months, which lived for three or four days. As there was room to spare in the pelvis and the child was small, I now regret not having let it reach seven months before interfering.

I am, Sirs, yours faithfully,

Tenbury, Oct. 14th, 1890. CHAS. E. ROSS.

A AND B AND THEIR CLUB PATIENTS.

IN the absence of that friendly understanding between A and B as to such incidents which we should advise, the case properly belongs to the private practitioner called in when the patient's club doctor declines to go.

Surgeon's Wife.—German yeast, or "compressed yeast" of the Continent, is a product in the manufacture of spirits from malt and raw grain, the spirits being used to a great extent in the manufacture of liqueurs, perfumes, wine, and brandy. It is not, as commonly supposed, a yeast of beer fermentation. From its slimy character when skimmed off the surface of the fermenting liquid it cannot be well pressed. The addition of starch is therefore resorted to. This permits the removal of more of the liquid from the yeast, when it is submitted to pressure. The green mould appearing on its surface is probably due to the starch present. It is identical with the mould which sometimes appears on stale bread, jam, &c., and is the *Penicillium glaucum* in botany. It is most likely destroyed by the heat in baking. We have not heard of yeast containing baking-powder.

Nescio.—A reply to a similar question was given in our issue of Sept. 27th, p. 703, to which we must refer our correspondent.

W. B. C. will find the list in the Calendar of the College; or application may be made to the Secretary.

Mr. Arthur Cooper's paper will appear in an early number.

"NOCTURNAL ENURESIS."

To the Editors of THE LANCET.

SIRS,—This trouble may sometimes be removed by suggestion, or "ideation." Some time ago a fine girl of from fifteen to sixteen was attending on her grandmother, when I remarked, "Why, child, what makes you so glum?" Her grandmother then told me that since two years old she had been subject to nocturnal incontinence of urine, and that it was now a source of great mental trouble. She would be so thankful if she could be cured. I examined the girl thoroughly, and found nothing abnormal. I elicited that once, at long intervals, she had passed a night without incontinence. I assured her most positively that she need suffer no more. I impressed on her the fact that she need not do it, because once she had not done it, and what she had done once could be done again and again. The only thing was that when she went to bed she must *know* that she could not do it. I gave her compound colocynth pill and citrate of iron. For six nights the trouble did not recur. I then spoke very seriously to her, and told her if it occurred again I should put a blister on the bottom of the spine, so that the pain should remind her of my words—that if she *knew* it could not occur, it would not. For some weeks it did not occur again, and then it was the night before her period came on. I did not order the blister, as I told her her impending illness was an excuse for that once. Six months afterwards the period was delayed, and the incontinence occurred again once. I again excused her the blister on the same ground, and spoke gravely of the necessity of knowing that it could not recur. I gave her the same medicine, and now she is quite well and a happy, fine girl of nineteen. Her gratitude is great, as also is that of her grandmother. A birch-rod or a blister may be a useful mental tonic in impressing the idea that the incontinence cannot occur; but the grave displeasure and the lack of approbation of the doctor ought to be sufficient if ideation or suggestion be the mode of treatment.

I am, Sirs, yours faithfully,

Framlingham, October, 1890. GEO. E. JEAFFRESON.

*** We have received several communications in which the writers recommend the use of hypnotism as a means of remedying the above-mentioned affection; whilst Mr. Thomas Christy desires to direct attention to the value of the plant Pichu Fabiana Imbricata in cases of the kind.—ED. L.

F.—Although it is very desirable that the notification should state the specific nature of the fever, yet it must be remembered that "continued ever" is included in the Act as one of the "infectious diseases" requiring notification.

G. P. R.—The question is put in too vague a form to admit of a satisfactory reply in this place.

Dr. A. J. Harris.—If possible, next week.

PARTURITION IN SOUTH AFRICA.

To the Editors of THE LANCET.

SIRS,—One does not often hear of any difficulty with native labours here. The other day, however, I was summoned to attend a native woman. The head was fixed in the pelvis (the native doctors had evacuated the brains of the child). The right parietal bone came away in my fingers. I put short forceps on each side of the head to guide it, and removed the child without great difficulty with finger and thumb. The native practitioners appear to have considered that the limit of force had been reached, and they have no instruments. All pains had ceased.

I am, Sirs, yours faithfully,

Sept. 4th, 1890. DISTRICT SURGEON, Natal.

GERMAN MIDWIVES.

THE German Congress of midwives has decided to petition the Empress and the Government to alter the official designation of a midwife from "Hebamme" to "Geburtshelferin."

M.D.—The recent change in the law of British Columbia compelling practitioners with British qualifications to pass an examination and to pay a fee of a hundred dollars was mentioned in THE LANCET of Sept. 20th last, p. 629.

Sperans (Newbury).—Blind School (Indigent)), St. George's-circus, Southwark; Home for the Blind, 44, Alma-square, St. John's-wood.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Ballance, London; Dr. R. Rentoul, Liverpool; Mr. Bush, Bristol; Dr. Hugh Woods, Highgate; Dr. J. M. Smith, Toddington; Messrs. Davey and Co., Islington; Dr. Saundby; Mr. Blackett, London; Dr. Fletcher Beach, Dartford; Mr. Watson, London; Mr. G. Cowell; Dr. Herbert Smith, Ealing; Mr. R. J. Willis, Manchester; Messrs. Orridge and Co., London; Dr. Windle, Birmingham; Mr. Tate, London; Dr. C. Reid, Stafford; Dr. H. Snow, London; Dr. Scattergood, Leeds; Mr. M. Scott, London; Dr. Sinclair, Manchester; Mr. Bokenham, Cheshunt; Dr. J. Oliver, London; Mr. E. W. White, Birmingham; Dr. Hingston Fox, London; Dr. Dupin, Toulouse; Dr. Tuckey; Messrs. Stanford and Mason, Birmingham; Mr. J. Scott, Belfast; Messrs. Eason and Son, Dublin; Mr. Bunch, London; Mr. S. Shields; Messrs. Loescher and Seeber, Italy; Dr. Neale, Hampstead; Messrs. Merryweather and Sons, London; Dr. C. W. Champion, London; Messrs. Oliver and Boyd, Edinburgh; Mr. Page, London; Dr. Snow, London; Mr. Otto Maas, Vienna; Mr. H. Frowde; Mr. Carter, London; Messrs. Griffin and Co., London; Mr. T. Smith, London; Prof. Pacchiotti; Mr. W. S. Watson, London; Mr. Dowell, London; Mr. Owen, London; M. Duret, Bordeaux; Dr. Steele, Florence; Mr. Mosse, London; Mr. Champion, Dursley; Miss Beechcroft, London; Dr. Hilliard, Aylesbury; Dr. T. Oliver, Newcastle-on-Tyne; Mrs. Gawith, Bayswater; Mr. Buckston Browne, London; Dr. Fitzgerald, Folkestone; Messrs. Burgoyne and Co., London; Mr. Fredericksen, London; Messrs. Wright, Dain, and Co., Birmingham; Mr. Wheeler, Fakenham; Messrs. Burroughs and Wellcome, London; Dr. Limont, Newcastle-on-Tyne; Messrs. Clarke and Co., London; Mr. G. E. Peaffreson, Framlingham; Mr. Fletcher Little, London; Brigade-Surgeon Hodder, Jersey; Messrs. Christy and Co., London; Mr. J. P. Martin; Mr. Ross, Tenbury; Dr. Carlo Gangitans, Naples; Mr. Lawrence-Hamilton, London; Mr. Mayo Robson, Leeds; Mr. Haysman, London; Mr. J. A. Fox; Mr. Barker, Walthamstow; Dr. Owen, London; Mr. Abbott, London; Dr. A. J. Harries, London; Mr. Maish, Bristol; Dr. Spence, Burntwood; Mr. T. Cooke, London; Mr. Whitehouse, London; Mr. Macdonald, Hanwell; Mr. C. H. Leet, Bootle; Dr. Bolton, Kustendjie; Mr. Harding, Loughborough; Mr. Pentland, Edinburgh; Mr. Webster; Mr. F. T. Simson, London; Mr. G. Rendle, London; Mr. C. H. Wells; Mr. R. S. Smith, Monifieth; Fairness; Secretary, Public Hospital, Sheffield; M.D., F.R.Met. Soc.; B. C. D.; M.D.; Reform; Secretary, Flintshire Dispensary; E., London; Cassandra; *Bury and Norwich Post*, Bury St. Edmunds; F. G. T., London; Gynæcologist; Secretary, Clayton Hospital, Wakefield; F.; Zeta, London; M.D., Preston; Maltine Manufacturing Co., Bloomsbury; L. S., London; Secretary, Suffolk General Hospital; A. F., London; Secretary, Ancoats Hospital, Manchester; Secretary, Public Dispensary, Leeds; Secretary, Bradford Infirmary.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Tirard, London; Dr. Berkett, Charlton; Mr. Harris, Bristol; Mr. Peskett, Lowestoft; Rev. Mr. Kentle, Worcester; Mr. Laird, Hampton-on-Thames; Mr. Deeping, Leicester; Dr. Richards, Ledbury; Mr. Tyte, Minchinbampton; Mr. T. Smith, Bangor, co. Down; Mr. Doherty, Stockport; Mr. Eccles, London; Mr. Collins, Harrogate; Mr. Tully, Hastings; Dr. Orr, Wanstead; Mr. J. Pearce, London; Dr. O'Meara, Loughborough; Messrs. Ratcliffe, Liverpool; Messrs. Johnson and Johnson, London; Mr. Bishop, Bournemouth; Dr. Haydon, North Devon; Dr. Murray, Thurso; Mr. Lewis, Wingham; Mr. Elliott, Ebbw Vale; Mr. Jollye, Warminster; Mr. Griffiths, Llanberis; Dr. Norman Kerr, London; Mr. Ward, Folkestone; Dr. Gooding; Messrs. Beal and Son, Brighton; Rev. Mr. Bryant, Tavistock; Dr. Harding, Whittlesea; Dr. Fausset, Tamworth; Mr. Hall, Northwich; Mr. Purland, Woolwich; Mr. Duncan, Dingwell; Mr. Westron, Exeter; Mr. Pavitt, Stansted; Dr. Oliver, Kingsland; Mr. Watson, Scarboro'; Mr. Wraig, Wick, N.B.; Mr. Daniell, Petersfield; Mr. West, Derby; Mr. Spencer Watson, London; Mr. Pearson, Weston-super-Mare; Messrs. Grogan and Boyd, London; Mr. Tatham, Manchester; Dr. Griffith, Milford Haven; Mr. Deacon, Manchester; M. Lorette, Paris; Mr. Kenneth Campbell, London; Mr. McKinnel, Worcester; Messrs. Keith and Co., Edinburgh; Dr. Hamilton, Windermere; Mr. Needes, Kentish Town; Mr. Heywood, Manchester; Mr. Ryan, Cork; Dr. Hutchison, Leicester; Mr. Utting, Liverpool; Mr. Shines, Aberdeen; Mr. Harries, Llanelly; Mr. Richards, Hinckley; Dr. Macready, London; Kincora; K. M., London; Alpha, Bath; Delta, Bath; Secretary, Coventry and Warwick Hospital; Clairville, Bournemouth; Secretary, Taunton and Somerset Hospital; G. W. T., London; Africa, London; Canary Islands, London; L. S., London; B. M., London; Secretary, College Preceptors, Bloomsbury; Medicus, Burnley; Secretary, Warneford Asylum, Oxford; A. A., London; J. F. O. D., Islington; B. C., Upper Edmonton; Medicus, London; Medicus, Manchester; Secretary, Eye Infirmary, Wolverhampton; Medicus, Preston; Secretary, Cheltenham General Hospital; A. J., London; H. W., co. Durham; Alpha, Stoke Newington; Centigrade, London; M., Leeds; Veritas, London; Lady Superintendent, Salford; Beta, Edinburgh; Radix; Partner, Lower Edmonton; Alpha, Brighton; S. D., London; W. M., London; Sax, London; Alphomega, London; Medical, Huddersfield; Secundus, London; Doctor, Chelsea; Dexter, London; Fides, London; H. J. K., London; Coblentz, London.

NEWSPAPERS.—*North British Daily Mail, Worcester Daily Times, City Press, Newcastle Leader, Bradford Chronicle, St. Stephen's Review, Birmingham Post, Dundee Advertiser, Western Press, Manchester Courier, Glasgow Herald, News, Midland Evening News, West Kent Advertiser, Mining Journal, Swansea Gazette, Birmingham Daily Gazette, Galignani's Messenger, Scotsman, Reading Mercury, Weekly Free Press and Aberdeen Herald, Sunday Times, Windsor and Eton Gazette, Builder, Kilkenny Journal, Broad Arrow, Sheffield Daily Telegraph, Hertfordshire Mercury, Spectator, Law Journal, Metropolitan, Leeds Mercury, West Middlesex Standard, Architect, Local Government Chronicle, Chemist and Druggist, Windsor and Eton Express, Saturday Review, Daily News, Pullen's Kent Argus, British Weekly, Pharmaceutical Journal, Sussex Daily News, Guy's Hospital Gazette, North Star, Scottish Leader, Shields Daily Gazette, Sportsman, Daily Chronicle, Bombay Gazette, Home News, Sheffield and Rotherham Independent, Indian Engineering, Era, Temperance Record, West Middlesex Advertiser, Weekly Review, Peel City Guardian (Isle of Man), Retford News, Army and Navy Gazette, Maidstone Journal, Nature, Southport Visitor, Auckland Chronicle, Canterbury Journal, Norfolk Daily Standard, The Bailie, Rochdale Chronicle, Watchword, Preston Guardian, Burton Evening Gazette, Staffordshire Chronicle, Monmouthshire Beacon, Bath Herald, Admiralty Gazette, Cambridge Express, Morning Post*, &c., have been received.

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